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Treatnet

FINAL REPORT

Treatnet Family: A Feasibility Study on Training on Elements of Family Therapy for Adolescents with Substance Use Disorders including those in Contact with the Criminal Justice System in Jakarta, Indonesia

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Abstract

Evidence-based family-based therapy has been recommended in the UNODC-WHO International Standards for the Treatment of Drug Use Disorders (2020). A holistic response and sustained treatment and care, including psychosocial care involving family networks, is crucial, especially for adolescents.

Treatnet Family has been developed around identified core elements of evidence-based family therapy approaches (Hogue et al., 2009) and integrates therapeutic interventions including positive reframing, relational thinking, and perspective taking, etc. Treatnet Family integrates selected evidence-based elements of family therapy intended to address both adolescent substance use and criminal behaviour.

UNODC has conducted a Treatnet Family feasibility study in Jakarta in 2019/2020. Results indicate significant mental health and family functioning improvements such as reduced substance use and involvement with substance using peers.

Background

In low-and middle-income countries (LMICs), adolescents with substance use disorders (SUDs) and their families do not have or have very limited access to effective treatment for SUDs. Several policy documents, including the Commission on Narcotic Drugs resolution 58/2 "Supporting treatment and care for children and young people with substance use disorders" have called on the United Nations Office on Drugs and Crime (UNODC) to encourage Member States to "consider implementing scientific evidence-based treatment and sustained recovery programmes, such as psychosocial care, for children". Further policy documents, such as the Convention on the Rights of the Child (1990) and the United Nations Guidelines for the Prevention of Juvenile Delinquency (1990), have given key consideration to the role of the family. In response, UNODC, in close collaboration with the World Health Organization (WHO), developed Treatnet Family – UNODC training materials on elements of family therapy for the treatment of adolescents with substance use disorders, including those in contact with the criminal justice system, as a scalable and skills-based intervention.

Families are important for the functioning of society and are the basic unit of communities around the world. Family therapy supports families and adolescents affected by a range of challenges including adolescent substance use or delinquency through the improvement of family functioning and family communication.

WHO (2015) identified family therapy as an effective treatment, especially for cannabis and stimulant use disorders. Furthermore, family therapy has been recommended in the UNODC-WHO International Standards for the Treatment of Drug Use Disorders.

Treatnet Family includes elements of evidence-based family therapy approaches. These elements were originally developed in high-income countries and receiving training family therapy is usually associated with high costs. Therefore, the intention of Treatnet Family is to make them available in low- and middle-income countries for the treatment of teens with alcohol and drug use disorders and their families.

Objective

The overall objective of this study is to determine the feasibility of delivering Treatnet Family in a community setting in Indonesia. Another objective was to examine the impact of Treatnet Family among adolescents with SUDs/problematic substance use in reducing their substance consumption and substance-related activities, as well as in improving their psychological wellbeing and communication within the family. These findings can inform the development of a full RCT and/or further scale-up at country level.

Method

Twenty-three practitioners from five intervention centres in East and North Jakarta (3 in East and 2 in North Jakarta) were trained in 2019 by three international experts in Treatnet Family. Each of these practitioners were supervised by one of the five-Treatnet Family trained national supervisors. The practitioners delivered Treatnet Family to adolescents and their family over a period of six weeks in 2019/2020.

In line with the revised implementation model, the present project was carried out through five studies. A mix-method approach, by using questionnaires and in-depth interviews, was used.

Participants

Forty-two adolescents, aged 15-21 years, with substance use problems and their parents/family members were recruited for this project. Nineteen adolescents and their family members stayed in the intervention and completed the questionnaires at pre-, post-intervention as well as at a month-follow-up assessment.

Results

The Treatnet Family is acceptable to practitioners, adolescents and their families, and can be implemented with good fidelity in routine community settings.

Adolescent's alcohol consumption significantly decreased from Pre-Treatnet Family to Follow-up. The number of adolescents who smoked cigarettes, consumed marijuana and amphetamine showed a slight reduction across time. There was a general trend of reduction in adolescent's alcohol- and drug-related activities (total scores). On specific alcohol- and drug-related problems, significant improvement was found for "Ridden in a car or other vehicle driven by someone who had been drinking alcohol or using drugs". Participating in Treatnet Family also led to significant changes in adolescent's involvement with friends who were involved with specific antisocial behaviour, such as skipped school a lot without permission, drink alcohol/miras fairly regularly, and have been violent. The parents observed positive changes in the adolescents, such as willingness to spend time with them, being more obedient to them, had better communication, helped with chores, studied harder, showed changes in their sleeping pattern, and changed in late-night hang out habits. Adolescent's mental health problems (based on parental report) decreased significantly from pre- to follow-up assessment periods.

Conclusions

Treatnet Family has proved to be feasible and acceptable when delivered by practitioners in routine community centres in Jakarta. Adolescents with substance use problems and their family reported positive benefits from Treatnet Family. In interpreting these findings the study's methodological limitations (e.g., open trial and small sample size) should be considered. Future work should adopt a RCT design with a larger sample size so that potential mediators and moderators of the treatment outcome could be identified.

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List of Abbreviations

ASSIST-Y - Alcohol, Smoking and Substance Involvement Screening
BNN - Badan Narkotika Nasional (National Narcotics Board)
CBT – Cognitive Behavior Therapy
CDC - Centers for Disease Control and Prevention
EBP - Evidence-Based Practice
EBPAS - Evidence-Based Practice Attitude Scale
FAD - Family Assessment Device
GHQ12 - General Health Questionnaire
HQ - Headquarters
LMICs - Low-to-Middle-Income Countries
UNODC – United Nations Office on Drug and Crime
SAHA - Social and Health Assessment
SDQ - Strengths and Difficulties Questionnaire
SDQ-P - Parent version of the Strengths and Difficulties Questionnaire
SUDs – Substance Use Disorders

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Introduction

Substance experimentation is a frequent phenomenon in adolescence (Boden et al., 2006; Wittchen et al., 2007) that can lead to substance use disorders, with the lifetime prevalence of substance use reported from 3% to as high as 32% in some studies globally (Fergusson et al., 1993; Lewinsohn et al., 1993; Feehan et al., 1994). The use of substance during early adolescence not only substantially elevates the risk for persistent substance use (De Wit et a., 2000; Lewinsohn et al., 1999), but leads to a faster progression to the development of substance use disorders (SUDs) (Chen et al., 1997).. SUDs are not only common, they also co-occur frequently with other psychiatric disorders such as anxiety, depressive, and disruptive behavior disorders (Essau et al., 1998; Fergusson et al., 1993; Lewinsohn et al., 1993; Rohde et al., 1996).

Adolescents with SUDs often have impairment in various life areas such as increase in family conflict, decline in academic functioning, violence, and recurrent social or interpersonal problems (Essau, 2011; Essau et al., 1998). These behaviors often lead to poverty, criminal behaviour and social exclusion. Thus, SUDs are a public health, developmental and security problem both in high-, middle-and low-income countries.

Given the negative and long-term impact of SUDs, much effort has been devoted to developing programs that could prevent and treat SUDs. Family-based therapies have emerged as an effective treatment for adolescent SUDs. Studies that used family-based therapies (e.g., Adolescent Community Reinforcement Approach, Brief Strategic Family Therapy, Functional Family Therapy, Multidimensional Family Therapy, and Multi-Systemic Therapy) have demonstrated significant effects in reducing adolescent drug use and delinquent behavior (Rigter et al., 2013), recidivism and substance use among high-gang risk youths (Thornberry et al., 2018), as well as in reducing mental health problems and psychiatric comorbidity (see Essau & Delfabbro, 2020). Family therapy has also been reported to successfully engage and retain difficult adolescents and family members (see Essau & Delfabbro, 2020).

Given its effectiveness in treating adolescent SUDs, family-based therapy has been recommended in the UNODC-WHO International Treatment Standards (2020) and in the WHO mhGAP (2008) evidence centre. However, especially in low-and middle-income countries (LMICs), adolescents with S/DUDs and their families do not have or have very little access to effective treatment such as family-based therapy. As argued by Hogue and colleagues (2017), there remain barriers to the implementation of family-based therapy in LMICs (Hogue et al., 2017).
Hence, UNODC, with funding support from the Government of Japan, developed a science informed, skills-based and practical treatment training package with elements of family

therapy for adolescents with SUDs, including those in contact with or at risk in contact with the criminal justice system (Treatnet Family, formerly known as UNFT). The development of the Treatnet Family began in June 2018, when a group of 25 experts, including most of the developers of the evidence-based family therapy models and professionals from low-and middle-income countries, were invited to attend a meeting in Vienna at the United Nations Office on Drugs and Crime (UNODC), to discuss how elements of evidence-based family therapy for adolescent drug disorders could be adapted successfully for use in low- and middle-income countries.

Photo 1: Expert meeting in Vienna – June 2018

Through an iterative process and with muchfeedback from a wide range of stakeholders, the Treatnet Family training materials were developed, which were further tailored to multiple cultural contexts. The resulting training package includes PowerPoint slides with extensive trainer instructions, lectures, discussions, videos, roleplay demonstrations, case examples, skill practice and other participatory learning activities. The draft training materials were piloted in three Asian regions in 2018, where 82 people from 16 countries were trained, and lessons learned were integrated into the final version of the Treatnet Family training materials. The final set of training materials is available on the UNODC website.

Photo 2: South East Asian Regional pilot Treatnet Family draft training materials in Jakarta (November 2018)

The overall goal of Treatnet Family is to make elements of evidence-based, scalable family therapy available in low-income countries to increase the accessibility, quality and diversity of treatment options for adolescents with drug-use disorders and their families. Furthermore, Treatnet Family aims to create societies resilient to drugs and crime by enhancing ties in families and systems surrounding adolescents who are affected by SUDs.

The aim of this project is to explore the feasibility of Treatnet Family in community setting in Jakarta, Indonesia.

Study Location

Daerah Khusus Ibukota (DKI) Jakarta, Indonesia

DKI Jakarta is the capital city and a very urban province of Indonesia which is situated on the northwest coast of the island of Java. Jakarta consists of five administrative cities/municipalities, each headed by a mayor:

- Central Jakarta (Jakarta Pusat) is Jakarta's administrative and political centre.
- West Jakarta (Jakarta Barat) has the city's highest concentration of small-scale industries.
- South Jakarta (Jakarta Selatan) is the location of upscale shopping centres and affluent residential areas.
- East Jakarta (Jakarta Timur) is characterised by several industrial sectors.
- North Jakarta (Jakarta Utara) has large- and medium-scale industries.

Jointly with the Badan Nasional Narkotika (BNN) (National Narcotics Board), it was decided to conduct the present study in East and North Jakarta.

North Jakarta is the second largest region in DKI Jakarta province, comprising of 6 sub-districts and 31 urban villages. Although North Jakarta has a wider area (approximately 56.5 square miles) compared to other regions in DKI Jakarta, its population is under 2 million inhabitants, making it one of the less dense regions in Jakarta. It has almost 500.000 households with an average number of family members within each household of 3 to 4 people. Youth (age 10 to 29 years) compose one third of the total population in North Jakarta.

North Jakarta's human development index (HDI) is slightly below the overall HDI of the DKI Jakarta province. According to the DKI Jakarta Province, in 2019, 5.35% of the population in North Jakarta lived in poverty.

The average year of schooling in this region is below 11 years, suggesting that the overall population does not achieve the universal 12 years of basic education. Furthermore, data by the Statistical Bureau in North Jakarta indicated that three out of ten in the school-age population (7 to 24 years old) in the region drop-out of school.

East Jakarta is the most populous of the five administrative cities within Jakarta. The Bureau of Statistics in East Jakarta estimated that by 2016 Jakarta is a home for 2.8 million people, and approximately 400.000 are young people age 10 to 24 years old.

East Jakarta's HDI is the second best following South Jakarta. According to the DKI Jakarta Province, in 2019, 3.46% of the population in East Jakarta lived in poverty. The average year of schooling in this region is slightly above 11 years (being 11.6 years). Although these mean

years of schooling are longer than other regions in Jakarta, the overall population does not achieve the universal 12 years of basic education.

Substance Use in DKI Jakarta

Drug Use

Cannabis, heroin, ecstasy, and meth (shabu) are among substances widely reported as cases in DKI Jakarta (Jakarta Open Data, 2018). In North Jakarta, 30 areas in 17 urban villages have been identified as prone to drug use. These areas are in Penjagalan, Penjaringan, Ancol, Pluit, Tanjung Priok, Warakas, Pademangan Timur, Tugu Utara, Rawa Badak Utara, Rawa Badak Selatan, Koja, Tugu Selatan, Kalibaru Barat, Cilincing, Pegangsaan, Kelapa Gading Barat, and Pademangan Barat (Kompas.com, March 21st, 2019)

In Jakarta, 2% of junior high students, 6.3% of high school students, and 2.4% of college students have been reported to use drugs in the past year (BNN, 2019). Psychotropic pills (e.g, Tramadol and different kinds of painkillers or analgesics), inhalant, and morphine are commonly used among junior high students. In addition to those substances, older adolescents also use cannabis, gorilla, meth (shabu), dextromethorphan, heroine, and cocaine (BNN, 2019).

Cigarette Smoking

Across Indonesia, 1.4% of youth aged 10-14 years are reported as current occasional smokers, and 0.7% as daily smokers (Table 1). The proportion of daily smokers increases significantly to 12.7% by age 15-19, and to 27.3% by age 20-24. However, the proportion of occasional smokers (6.9%) is higher in the age of 15-19 years than in the age of 20-24 years (5.9%).

Youth smokers, aged 10-14 years, smoke on average 6.75 cigarettes per day. This number increases significantly to 9.26 cigarettes per day by age 15-19, and to 11.93 cigarettes per day by age 20-24.

The age of onset of cigarette smoking behaviour seemed to be between the ages of 15 to 19 years (Kemenkes, 2019).

Table 1: Prevalence of smoking in Indonesia

Age Group	Current Smoker (%)		Non-smoker (%)		Weighted Sample
	Daily Smoker	Occasional Smoker	Former Smoker	Never Smoke	
10 – 14	0.7	1.4	2.0	95.9	87,981
15 – 19	12.7	6.9	4.0	76.4	82,001
20 – 24	27.3	5.9	3.5	63.3	80,744
25 – 29	30.4	4.8	3.8	61.0	79,965
30 – 34	32.2	4.5	4.1	59.3	76,948
35 – 39	32.0	4.5	4.5	59.0	77,689
40 – 44	31.2	4.6	5.0	59.2	71,198
45 – 49	29.6	4.9	6.0	59.6	65,973
50 – 54	28.7	4.5	6.8	60.0	56,498
55 – 59	27.8	4.5	8.1	59.6	46,742
60 – 64	25.7	4.4	10.0	59.9	35,052
65+	20.1	4.2	11.6	64.1	57,717

Alcohol Consumption

According to the Indonesian Ministry of Health report (2019), approximately, 0.3% of youth aged 10-14 years start to drink alcohol. The number increased to 3.7% by age 15-19 and to 6.4% by age 20-24 (Table 2).

Beer and wine are the most common types of alcohol beverages consumed by youth aged 10-24 years.

Table 2: Alcohol consumption in Indonesia

Age Group	Alcohol Consumption		Weighted Sample (n)
	Percentage	95% CI	
10 – 14	0.3	0.3 – 0.4	87,981
15 – 19	3.7	3.5 – 3.9	82,001
20 – 24	6.4	6.1 – 6.6	80,744
25 – 29	5.6	5.3 – 5.8	79,965
30 – 34	4.3	4.1 – 4.5	76,948
35 – 39	4.0	3.8 – 4.1	77,689
40 – 44	3.2	3.1 – 3.4	71,198
45 – 49	2.8	2.7 – 3.0	65,973
50 – 54	2.3	2.2 – 2.5	56,498
55 – 59	1.9	1.7 – 2.0	46,742
60 – 64	1.6	1.4 – 1.7	35,052
65+	1.0	0.9 – 1.0	57,717

Source: Indonesian Ministry of Health (2019). *Proportion of alcohol consumption within a month prior to the survey on the population age 10 years and above based on age group* in Riskesdas 2018

Mental Health Problems

According to the Indonesian Ministry of Health (2019), 10% of youth ages 15-24 were reported to suffer from mental health problems. It is higher than people aged 25-44 years, being 17.5%; in this age group, high rate of mental health problems were found among female and those with low education and unstable jobs.

The Current Study

Objectives of the Present Study

The overall objective of this study is to assess the feasibility of Treatnet Family. The specific objectives are:

- To adapt Treatnet Family for use with adolescents and their family in Indonesia.
- To conduct a process evaluation and evaluate intervention feasibility.
- To identify outcome indicators by exploring the potential of Treatnet Family in reducing substance consumption, substance-related activities, and mental health problems.

To achieve these objectives, five studies were conducted (See Table 3):

- Study 1: Meaning of family in Indonesia
- Study 2: Practitioner's experience of the Treatnet Family training
- Study 3: Feasibility of implementing Treatnet Family in Jakarta
- Study 4: Impact of Treatnet Familyon adolescent's substance consumption, substance-related activities, and mental health problems
- Study 5: Impact of Treatnet Family on adolescent's substance consumption, substance-related activities, and mental health problems as reported by a family member

Implementation Framework

The present project was built on the revised implementation model (Bertram et al., 2015; Fixen et al., 2005) and considers implementation research as occurring in stages. Implementation involves understanding factors at all levels of an organization's structure which can hinder or facilitate the implementation process. Success in gaining acceptance and buy-in among the staff is likely to happen if the interventions are carefully planned and are gradually phased in (Sunseri, 2004). These factors are multidimensional and occur at every system's level. Research has for example shown that individual-level factors (e.g., staff characteristics such as age, education, attitudes toward innovation), organizational factors (e.g., organizational climate, size) and macro level factors (e.g., policies, resources) may impact the success of an implementation effort (e.g., Aarons et al., 2012).

Within the Core Implementation Components, understanding the quality (fidelity) and quantity (dose) of what is implemented, and the proportion of adolescents with SUD who participate in Treatnet Family (i.e., participant rate/reach) is important in establishing the extent to which the outcomes evaluation represents a valid test of intervention theory (Steckler & Linnan, 2002).

Table 3: Overview of the data collections for the five studies

	Study 1	**Study 2**	**Study 3**	**Study 4**	**Study 5**
Aims	Meaning of family in Indonesia	Practitioner's experience of the TF training	Feasibility of implementing TF in Jakarta	Impact of TF on adolescent's substance consumption	Impact of TF on adolescent's substance consumption and wellbeing as reported by a family member
Informants	Adults from the community	Practitioners	Practitioners, National Supervisors, Parent/Family	Adolescents with SUD	Parents/Family
Data collection: Period	As soon as we have the ethical approval	About a week after the TF training	(a) Practitioners: After each TFsession (b) National Supervisors: After any one random TFI session. (c) Parent/Family: After any one random TF session. (d) Adolescent: After any one random TF session. (e) National supervisors: After observing any one random TF session (f) Practitioners: At the end of intervention	(a) About one week before and one week after the intervention, and about 1 month after the intervention (b) About a week after the intervention	(a) About one week before and one week after the intervention, and about 1 month after completing the intervention (b) About a week after the intervention
Data collection: Format	Interview: Appendix 1	Questionnaires: - Training Feedback Scale (Appendix 2) - Evidence-Based Practice Attitude Scale (Appendix 3) - Self-Efficacy Scale (Appendix 4) Interview: Appendix 5	(a) Practitioners: Treatment Integrity Scale (Appendix 6) & ITT Scale (Appendix 6a) (b) National supervisor: Fidelity Scale for the national supervisor (Appendix 7), Session Quality Scale (Appendix 7a), ITT Scale (Appendix 7b) (c) Parent/Family: Fidelity interview with a family member (Appendix 8) (d) Adolescent: Fidelity interview with the adolescents (Appendix 8a) (e) Practitioners: Intervention Record (Appendix 9) (f) Practitioners: Evaluation Form for Practitioners (Appendix 10) (g) Practitioners: Interview (Appendix 11)	(a) Questionnaires: - SCS (Appendix 12) - SAHA (Appendix 13) - SDQ (Appendix 14) - FAD (Appendix 15) - Sociodemographic Scale (Appendix 16) (b) Interview (Appendix 17)	(a) Questionnaires: - FAD (Appendix 18) - SDQ-P (Appendix 19) - GHQ12 (Appendix 20) - Sociodemographic Scale (Appendix 21) (b) Interview (Appendix 22)

Study Design

The project took place in four stages that began with home preparation in July-August 2019, followed by a field preparation (September – October 2019), Treatnet Family implementation (November 2019- February 2020), and evaluation and dissemination (March 2020) (see Table 4). Professor Cecilia Essau from Roehampton University was the Principal Investigator on the Treatnet Family study. This study was conducted in partnership with the Indonesia Narcotics Board.

Photo 3: National Research Partners

One of the major activities of our home preparation was the recruitment of national research partners (NRP) who were responsible for collecting the data for this project. One NRP is based at the Atma Jaya Indonesia Catholic University (led by Professor Irwanto) and another NRP is based at the University of Indonesia, Jakarta (led by Dr Dicky C. Pelupessy).

Ethical Approval and Consent

The study was approved by the Committee on Research Ethics at Atma Jaya Indonesia Catholic University, and at the University of Indonesia, Jakarta, Indonesia. See Appendix 0.

Table 4: Project Timeline

Home preparation July – August 2019	**Field preparation** September – October 2019	**TF implementation** November 2019 – Feb 2020	**Evaluation/ Dissemination** March 2020
• Finalising study protocol • Finalising TF training manual • Translating study material to Bahasa Indonesia • Recruiting national Research partners	• Selecting implementation sites • Meeting with key stakeholders • ToC workshop • Research ethical application • TFI workshop • Participant recruitment	• Intervention roll out • Data collection (pre-post TF) • Process evaluation and interview	• Data cleaning • Data analysis • Final report • Dissemination

Intervention: Treatnet Family

The Treatnet Family training package is part of UNODC's Treatnet training strategy to support Member States in their efforts to provide evidence-based treatment and care for young people with SUD. Treatnet Family contains elements of evidence-based family therapy which has been developed specifically for adolescents with SUD and their families in LMICs. Based on the concept that the family is the primary system in a person's life, Treatnet Family focuses on family interactions and uses elements of family therapy to interrupt ineffective communication within the family.

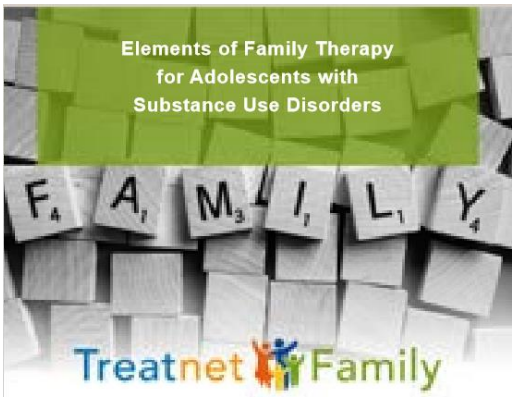
The Treatnet Family has six sessions, with each session lasting between 90 to 120 minutes. Each session will be attended by the drug-using adolescent and his/her family members.

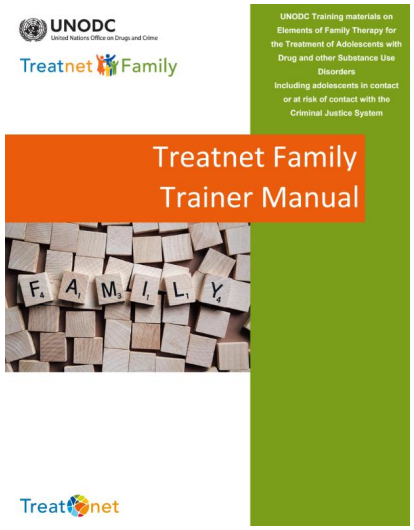
Table 5: Skills/concepts in each phase of the Treatnet Family

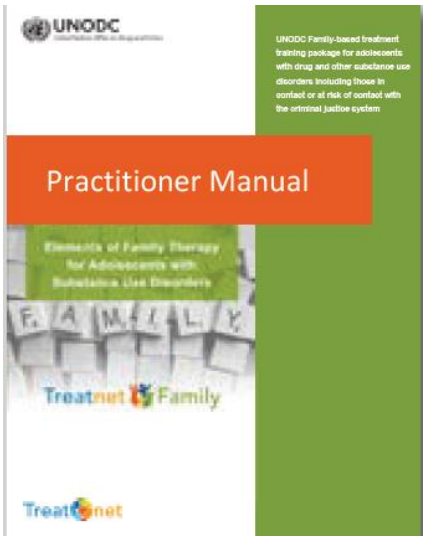
Phase	Core TF Skills/Concepts
Overarching Core Skills (Sessions: 1-2 but also appropriate throughout therapy)	• Positive Reframing, Positive Relational Reframing • Perspective Taking, Relational Questions • Going with Resistance
Phase 1: Engagement (Session 1-2 primarily, but also throughout therapy)	• Working Alliance • Joining, Validating • Stimulating Hope
Phase 2: Family Assessment (Session 1-2, and potentially throughout therapy)	• Relational Assessment Questions • Boundaries, Themes, Structure/Hierarchy • Rules, Roles, Reinforcers, Family Risks and Strengths • Social Atom, Genogram, Assessment of Immediate Needs and of Potential Violence
Phase 3: Create Motivational Context for Change (Throughout therapy, but particularly at the beginning)	• Address Issues Important to the Family • Continue to Stimulate Hope and Have Hope Yourself • MI Strategies, Eliciting Change Talk • See Each Person's Positive Intent and Potential
Phase 4: Family Therapy Interventions (Throughout therapy but particularly after session 2)	• Problem Solving • Speaker-Listener Communication Skills • Drug/Drinking Refusal Skills • Reinforcement Ideas from the Adolescent Community • Reinforcement Approach (ACRA) • Goal Setting and Tracking • Teaching Communication and Problem-Solving Skills • Introduce Social and Recreational Activities
Phases 5/6: Termination (Last 1-3 sessions)	• Review each family member's initial goals and the degree to which they were achieved • Emphasize relational and social resources that the family discovered during the treatment • Discuss areas in need of future focus • Normalize setbacks

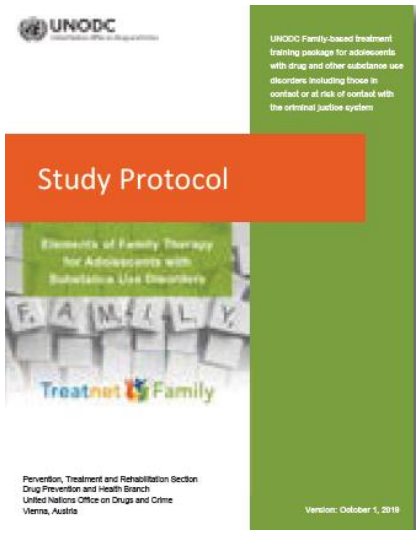
Treatnet Family materials for trainers and practitioners include: Training materials (PowerPoint slides), trainer's manual, practitioner's manual, and a study protocol for Treatnet Family feasibility studies. PowerPoint slides with extensive trainer instructions, lectures, discussions, videos, roleplay demonstrations, case examples, skill practice and other participatory learning activities.

Table 6: Treatnet Family materials









Site Visit Preparation

Intervention Sites

During the meeting with the key stakeholders on 30th August 2019, six sites in East and North Jakarta that currently offer services to individuals with SUD were identified and recommended by BNN as potential centres for the Treatnet Family study.

Visit to the six intervention sites was made the following week, namely on September 2 – 3, 2019. Attending the site visits were the project's principal investigator (PI), NRP from Atma Jaya and University of Indonesia, two UNODC staff (1 local, 1 from headquarters), and BNN representatives. The purpose of the site visit was to introduce the Treatnet Family project to each of the centers and to get information about the facility type (i.e., NGOs, BNN Satellite) and funding of services (e.g., subsidized by the State through BNN and Ministry of Social Affair, self payment), treatment setting (i.e., outreach, in-patient services, post-rehabilitation services), services offered (e.g., in-patient care, out-patient care), average duration of treatment (days), human resources, and psychosocial intervention (e.g., individual and group counselling, support group, family psycho- education, family visitation, yoga class). Other key purposes of the site visit were to determine their interest and motivation in participating in the study.

To be included in this study, the intervention sites needed to be (1) providing intervention to adolescents with substance use problems at their outpatient services; (2) showed interest and motivation to participate in the study; (3) have the capacity (e.g., availability of counsellor) to attend the Treatnet Family workshop and to deliver the intervention in November 2019.

Following this site visits, three intervention sites were chosen in East Jakarta (Karisma, Madani, BNN East Jakarta) and two in North Jakarta (BNN North Jakarta, Yan) (see Table 7). One intervention site was not included in the study because it only provides in-patient services to adults with substance use problems.

Three of the intervention centres are NGOs which are partly funded by the government through BNN and/or the Ministry of Social Affair, self-funded, or through private donation. Two sites are BNN Satellite (1 in East Jakarta, 1 in North Jakarta).

Table 7: Main characteristics of the implementation centres

	Karisma	Madani	BNN East Jakarta	BNN North Jakarta	Yan
Facility Type	NGO	NGO	BNN Satellite in East Jakarta, Government Office	BNN Satellite in North Jakarta, Government Office	NGO
% of funding provided by:	• Subsidized by the State through BNN and Ministry of Social Affair • Self payment	• Paid by clients or their families. • May be subsidized by Madani or the state	• National and Provincial Budget	• National and Provincial Budget • CSR Program	• Subsidized by the State through BNN and Ministry of Social Affair • Private donation
Treatment setting	• Outreach and psychosocial assistance • Provided in-patient services based on referral and self-admission.	Managing clients for • detoxification • clients for daycare and on the job training • out-patients from partner schools, and • in-patients	• Serves 50 out-patients commonly age 20-30 years • Provides psycho-education to families in the neighbourhood, local authorities and schools	• Inpatient (collaborate with National Rehabilitation Centre at Lido and RSKO Cibibur) • Outpatient (collaborate with IPWL CBOs in North Jakarta) • Post-rehabilitation services (counselling, support group, personal growth seminar, vocational program)	Outpatient: Currently serving 40 clients
Services offered	Currently mostly adults.	Adolescents (60%) and adults (40%)	Adolescents (40%) and adults (60%)	Roughly half-to-half ratio between adolescents and adults clients	Adolescents (40%) and adults (60%)
Average duration of treatment (days)	• In-patient care (2 months) • Out-patient care (3-4 months)	Not available	Not available	• In-patient care (3 months) • Out-patient care (3 months) • Post-rehabilitation treatment (6 months)	Outpatient care (3-6 months)
Self-payment expenses	If clients have the financial ability to cover some costs, the following is their protocol (inpatient): • Cost paid at	• Inpatient care cost 11 million IDR/month for 9 months. • Detox services cost IDR 10 million for 7 days. • Home care visit	Free of charge for clients	Free of charge for clients	Rp800.000/clients throughout the treatment

	registration for 1st month 2.500.000 + 500.000 IDR (admin). • 2nd Month: 2.500.000 (inpatient). • 3rd following months: 800.000 IDR	cost IDR 400 thousands per-visit.			
Human Resources	Karisma Foundation employs about 50 staff members. In the recovery center at Jl Betung, there are 5 staff: 3 counselors. (2 males and 1 female). 1 administrative staff.	3 administratve staff, 1 fitness instructor, 1 art instructor, 1 studio instructor, 1 multimedia instructor, 16 counselors, 8 nurses, 2 medical doctors, 6 Services, 2 office boys	1 head of rehabilitation section, 1 medical doctor, 1 facilitator, 1 nurse, 2 counsellors, 2 assistant counsellors, 2 admininstrative staff	1 head of rehabilitation section, 1 medical doctor, 1 facilitator, 2 nurses, 3 counsellors, 1 administrative staff	1 social worker, 3 counsellors, 2 volunteers 1 administrative staff
Psychosocial intervention	Individual and group counselling, support group, family psycho-education, family visitation, yoga class	Motivational interviewing, CBT, case work, occupational and handicraft training, group counseling, family therapy, psychological testing and services, religious activities, and family education.	CBT, motivational interviewing, drug and psycho-social assessment, hypnotherapy and addiction couseling	Individual counselling, group therapy, personal development seminar, family support group, home visit, and vocational training	Individual counselling, group therapy, recreational and spiritual activities, FGD, Psycho-education, family support group, and home visit

Photo 4: Site visit

Theory of Change workshop

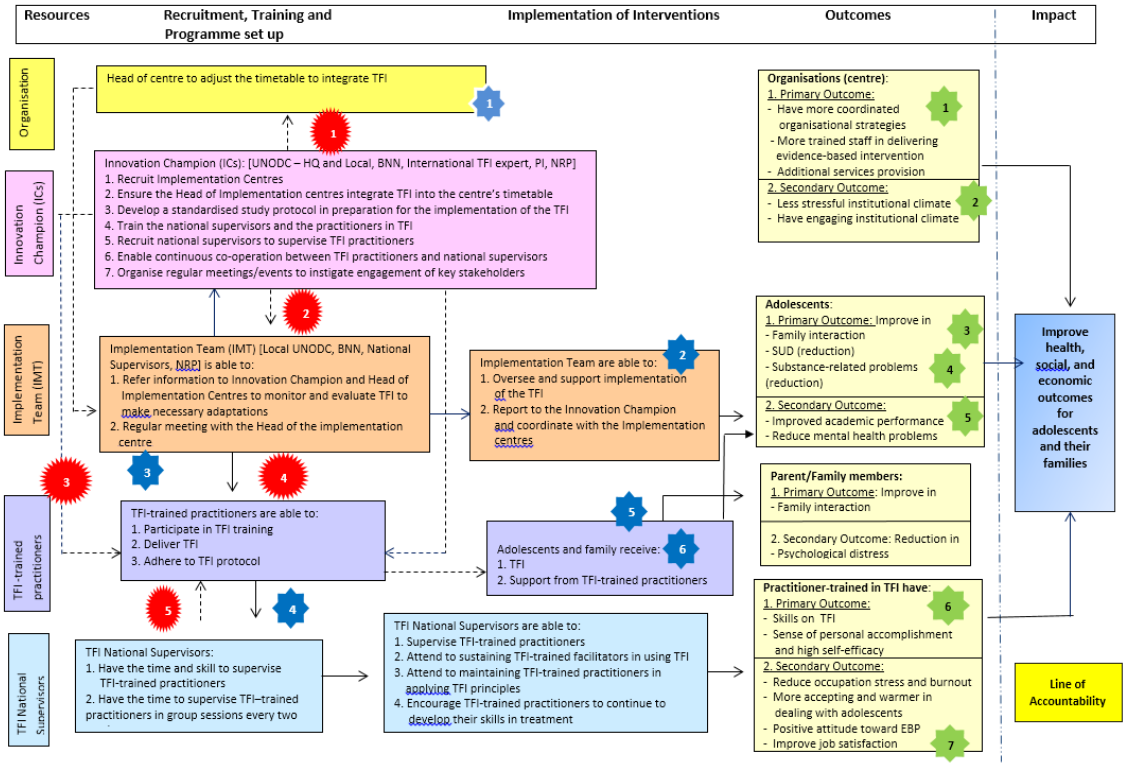
In line with the new UK Medical Research Council guidance for developing and evaluating complex social and behavioural interventions, this project used a Theory of Change (ToC) framework. Theory of Change (ToC) is a theory-driven approach which has been reported as an effective planning tool for the development, implementation, monitoring, and evaluation of complex intervention programme (Craig & Petticrew, 2013; Walker & Matarese, 2011).

ToC workshop took place on Sepember 4, 2019 in The Sultan Hotel & Residence, Jakarta. The ToC workshop was attended by key stakeholders, including representative of the implementation centres and BNN, practitioners, supervisors, and research partners. The aim of the workshop was to agree a joint vision about what (outcomes) we aim to achieve, how (action) we work to achieve them, and why the proposed actions should deliver intended outcomes (rationale). During the ToC workshop, the following items were discussed: (a) The intended outcomes; (b) Identifying causal pathways leading to the intended outcomes; (c) Operationalising the indicators of the intended outcomes; and (d) Strategies to accomplish the outcomes. Potential barriers and facilitators for the implementation of the Treatnet Family were also discussed.

The product of this workshop was a ToC map (see Figure 1).

Photo 5: Theory of Change workshop in Jakarta (September 2019)

Figure 1: Theory of Change map



Key to the ToC map

Interventions

1. Innovation Champion agrees with the Head of centre of the importance of S/DUDs treatment and the TF
2. Implementation team revises the timetable to integrate TF
3. International TF expert develops TF protocol to deliver TF and trains TF national supervisors and practitioners
4. TF practitioners provides TF to the adolescents and their parents/family
5. TF supervisor provides regular supervision to the TF practitioners

Abbreviations

ICs - Innovation Champion
IMT - Implementation team
EBP – Evidence based practice

Arrows

Intervention ---→
No intervention needed ⟶

Assumptions

1. Head of centre supports the intervention and understands its importance
2. Implementation team supports the implementation of the TF
3. TF practitioners have the time and interest to be trained in TF
4. TF practitioners accepted to be supervised by the national supervisor
5. Adolescents are receptive of the intervention
6. Adolescents internalise, maintain and act on what they have learnt in TF

Rationale (examples)

1. Involvement of stakeholders is important for political buy-in
2. Evidence that a positive organization climate reduce annual turnover rates among staff
3,4. Evidence that family-based intervention reduced S/DUDs, reduced mental health problems, and enhanced social skills
4, 5. Evidence that family-based interventions are associated with better family communication
6. Evidence that training specific evidence-based training enhances staff's therapeutic skills and self-efficacy
7. Evidence that supportive and positive organization climate improve staff satisfaction

Photo 6: Theory of Change workshop in Jakarta (September 2019)

STUDY 1

Aims: To explore the construction of family within the Indonesian context as well as to investigate knowledge, attitudes, and social norms related to SUD among key stakeholders, as well as to understand barriers and facilitators of seeking treatment.

This information will guide the Treatnet Family adaptation process and guide strategies to recruit participants for the full implementation stage of the Treatnet Family.

Method: The participants were recruited using a convenience method. Specifically, the practitioners were asked whether they were willing to be interviewed, who in turn were asked to recruit at least one adult outside their intervention sites to take part in this study.

The participants were interviewed individually by a member of the NRPs. The duration of each interview was approximately 30 minutes. All interviews were conducted in Bahasa Indonesia and was audio-taped and transcribed offline.

The interview covered topics related to the (a) family such as meaning of family, definition of an ideal family, common problems affecting families in the neighbourhood; (b) perception about drug problems and help seeking behaviour in relation to drug problems; (c) presence of organised gang (violent crime/extremism) in the neighbourhood.

Participants: A total of nine adults with age ranging from 29 to 57 years participated in Study 1. Six of them were males and three were females, with differing histories of substance use within their family members. Most of them have at least a high school education. They work in various sectors, including in government, NGOs and in a private company.

Table 8: Sociodemographic of the participants in Study 1

ID	Age	Sex	Marital Status	Family Drug Use History	Occupation	Monthly Family Expense	Education Attainment
A	29	Female	Married	No	Civil Servant	Rp3 – Rp5 million	Bachelor Degree
B	39	Male	Divorced	Yes	Counselor	Above Rp 10 million	Associate Degree
C	51	Female	Married	No	Housewife	Under Rp3 million	High School Graduate
D	40	Male	Married	Yes	Social Worker	Rp3 – Rp5 million	Bachelor Degree
E	42	Female	Married	Yes	Housewife	Rp3 – Rp5 million	High School Graduate
YU	41	Male	Married	Yes	Counselor	Above Rp 10 million	High School Graduate
YA	38	Male	Married	No	Counselor	Rp6 – Rp10 million	Bachelor Degree
UR	57	Male	Married	No	Bussinessman	Rp3 – Rp5 million	High School Graduate
YS	48	Male	Married	Yes	Private company	Above Rp 10 million	High School Graduate

Results (Study 1)

Meaning of family

Most participants defined family as a unit which consist of family members such as parents, children, and extended family members. The presence of people in the family are related through blood or marriage, with common task, goal and commitment.

"as people with blood and emotional relation"

"Family is a father, mother, child that has a bond, based on a same goal and commitment, and the has to have a mutual understanding with each other"

Family was also defined based on its functions, such as providing emotional and material support. The interaction is described as respectful of each other.

"Family is a cape, a cloth that sticks and protects its user."

"have respect to each other, influential and frequently interact as family."

Family members who do not fulfil these functions do not qualify to be included in the family.

"People with blood relations who did not involve intimately in their life (e.g., father) were not deemed as members of the family."

Family's role in the treatment of drug use disorder and in recovery

Role of family in assisting family members who consume drugs was deemed as very important because it is usually the family who initiates help-seeking. However, to support family's decision with help-seeking behaviour, they need to be informed about the treatment centres.

> *"Uncertainty and unclear information about rehabilitation centers would induce uncertainty, fear and distrust."*

Participants also regard a warm and caring family environment is key in the recovery process.

> *"The family must prepare themselves and be prepared to accept their family members after rehabilitation and provide them with a caring environment to support their recovery process."*

Perception towards people who take drugs

All participants stated that taking drugs is not an accepted behaviour, with numerous underlying problems. The participants reported drug consumption as associated with involvement with anti-social behavior and other criminal behaviors. Drugs were also seen as a catalyst for mugging and youth riot.

However, norms may change according to where people live. In drug-prone areas, people tend to view drug taking as a common behavior and therefore they do not take any proactive measures to solve it. By living in such an area, they were overpowered by drug dealers in such a way that avoidant and permissive behavior were seen as adaptive. As reported by some participants, the families took this strategy to protect their family members from other drug users, but adolescents from lower-income families in drug trafficking areas were manipulated with certain payment to be couriers.

The participants associated people who consume drugs with certain personal attributes and life problems. Specifically, people who take drugs are perceived as messy, stubborn, dangerous, scary, vulnerable, ignorant and lacking information. A participant who lived in a slum area admitted there were fear and traumatic feelings when she saw drug users. The individual responded through dismissing behavior such as not allowing them parking their motorcycle in front of her house.

Certain life problems associated with drugs were emotional distance with parents, parental divorce, job stress and peer pressure. However, drug users often withdrew themselves from other people because they were fearful of being stigmatised.

STUDY 2

Aim: To evaluate practitioner's experience (i.e., proximal effects) of the Treatnet Family training.

The purpose of the Treatnet Family workshop was to train practitioners (as the change agents) in the skills and techniques in the treatment of substance use disorders that is based on the elements of family therapy. This evaluation therefore determined the extent to which the Treatnet Family workshop produced change in these practitioners in terms of increased knowledge and to apply Treatnet Family confidently into their daily practice.

Participants: Twenty-three practitioners participated in the Treatnet Family workshop. The number of practitioners from each of the intervention sites were: 4 in BNN East Jakarta, 6 in BNN North Jakarta, 6 in Karisma, 5 in Madani, and 2 in YAN.

Table 9: Practitioner's sociodemographic information

	N (%)
Gender - Male - Female	 14 (60.9 %) 9 (39.1 %)
Age (range: 28 - 46 years)	Mean = 37.5 years
Experience in working with adolescents (range: 0 – 15 years)	Mean = 5.2 years
- Masters degree - Bachelors degree - Associate degree - High school	3 (13.0 %) 10 (43.5 %) 3 (13.0 %) 7 (30.4 %)
Training in addiction	23 (100 %)
Training in child development	12 (52.2 %)
Drug using history	14 (60.9 %)

- More males than females
- Mean age: 37.5 years
- All, except one, have experience in working with adolescents
- Over 40% have a bachelors Degree
- All have received training in Addiction
- Over 60% have drug-using History

Treatnet Family Workshop

The practitioners were trained by three international expert trainers in delivering Treatnet Family to adolescents with occasional or harmful drug use and their parents/ family members. The training took place over five days in October 2019.

This training is designed to ensure that the practitioners:
- Have knowledge of the theoretical background of Treatnet Family, including Family Systems Theory, Ecological Systems Theory, Social Construction Theory, Social Learning/Behavioral Theories
- Have a thorough knowledge on the Core Assumptions of Family Therapy
- Master the core skills needed to deliver Treatnet Family (e.g., Positive Reframing, Positive Relational Reframing, Perspective Taking, etc)
- Master the implementation of Treatnet Family skills in each of the Treatnet Family sessions

These practitioners were provided with a Treatnet Family practitioner manual that will provide useful guidance on exactly what to do when, and how to do it.

Table 10. Outline of Treatnet Family workshop

DAY 1 Introduction	DAY 2 Core strategies	DAY 3 Treatment phases	DAY 4	DAY 5 Trainer practice
• Theoretical foundations of TF • Basic information on drug use and treatment • Core assumptions of TF • Cultural issues	• Positive reframing • Positive relational reframing • Perspective taking • Relational questions • Going with resistance	• Treatment phases: engagement, family assessment, creating a motivational context for change, primary intervention	• Additional issues • Problem solving	• Microteaching and feedback • Evaluation

Photo 7: Treatnet Family training

Method

After the workshop, all the practitioners completed three self-report questionnaires (Training Feedback Scale, Evidence-Based Practice Attitude Scale, Self-Efficacy Scale). A sub-sample of them also participated in a short interview.

(a) Self-report questionnaires

Training Feedback Scale was used to measure the extent to which the practitioners learnt the core Treatnet Family skills during the 5-day workshop.

Evidence-Based Practice Attitude Scale (EBPAS; Aarons, 2004) was used to measure a practitioner's attitudes toward adoption of evidence-based practices (EBPs). It contains 15 items which covers four attitude domains: (1) the intuitive appeal of EBP, (2) the likelihood of adopting EBP given requirements to do so, (3) Openness to new practices, and (4) the perceived divergence of one's usual practice with research-based/academically developed interventions. The EBPAS-15 has good psychometric properties. See Appendix 3.

Self-Efficacy Scale was used to measure the trainer's confidence level in delivering Treatnet Family in their settings. This scale is based on the construct of self-efficacy which is a person's belief in his/her capability to master a specific task (Bandura, 1986). The practitioners will be asked to rate on a 5-point Likert scale ranging from not at all confident (0) to "extremely confident" (4) their level of confident in their skills, knowledge, experience, ability to overcome existing obstacles such as limited time, space. See Appendix 4.

(b) Semi–structured interviews were conducted with the practitioners to explore their experiences of the training and perceived value of the training within their own services. See Appendix 5.

Photo 8: Receiving Certificate of Attendance

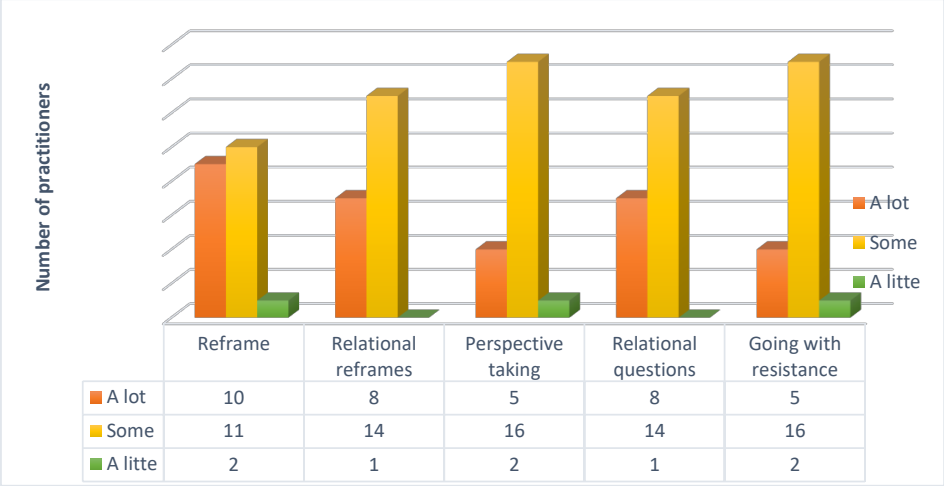
Results (Study 2)

Practitioner's Training Feedback

All practitioners reported that the Treatnet Family workshops have enhanced their skills in working with adolescents and their family. Eight (34.8%) and 15 (65.2%) practitioners indicated having learnt "a lot" and "some", respectively, from the Treatnet Family workshop.

Figure 2 shows the specific family therapy core skills that they have learned during the workshop. Almost all the practitioners learnt some/a lot about each of the family therapy core skills.

Figure 2: "How much did you learn about the following family therapy core skills?"



	Reframe	Relational reframes	Perspective taking	Relational questions	Going with resistance
A lot	10	8	5	8	5
Some	11	14	16	14	16
A litte	2	1	2	1	2

Self-Efficacy Scale

After the training, most practitioners also reported that they have more confidence in conducting Treatnet Family and applying core skills with the right attitude (Table 11).

Table 11: Confidence level is running the Treatnet Family

	Extremely high N (%)	Very high N (%)	Quite high N (%)	Somewhat limited N (%)	Extremely limited N (%)
Experience in facilitating group programs with young people	0	5 (21.7)	15 (65.2)	3 (13.0)	0
Perceived level of ability in facilitating group programs	0	6 (26.1)	14 (60.9)	3 (13.0)	0
	Extremely confident N (%)	**Very confident N (%)**	**Moderately confident N (%)**	**Slightly confident N (%)**	**Not at all confident N (%)**
Confident level in running TF to prevent mental health problems	0	8 (34.8)	15 (65.2)	0	0
Confident level in running TF in current setting	1 (4.3)	10 (43.5)	12 (52.2)	0	0

Practitioner's level of self-efficacy in facilitating programs with young people and in running the Treatnet Family seemed to be associated with their experience. As shown in Table 12, practitioners who have more than 6 years of experience in working with adolescents have higher self-efficacy level than those with lower experience (i.e., 5 years and lower).

Table 12: Self-efficacy by years of experience working with adolescents

	Low experience (N=15) (≤ 5 years) Mean (SD)	**High experience** (N=8) (≥ 6 years) Mean (SD)	**F-value**
Experience in facilitating group programs with young people	1.87 (.52)	2.50 (.54)	7.66**
Perceived level of ability in facilitating group programs	1.93 (.60)	2.50 (.54)	5.07*
Confident level in running TF to prevent mental health problems	2.13 (.35)	2.75 (.46)	12.89***
Confident level in running TF in current setting	2.33 (.62)	2.88 (.35)	5.18*

Evidence-Based Practice Attitude

Table 13 shows the means, standard deviations, item-total correlations, and internal consistency reliabilities for each of the scales. The Cronbach's alphas for the total score was .76, with values ranging from .73 to .76, suggesting a good level of internal consistency. Appeal scale measures the extent to which the practitioner would adopt a new practice if it is intuitively appealing, makes sense, could be used correctly, or is being used by colleagues who are happy with it. Requirements scale is the extent to which the practitioner would adopt a new practice if it is required by an agency, supervisor, or state. Openness scale is the extent to which the provider is generally open to trying new interventions and would be willing to try or use new types of therapy. Divergence scale measures the extent to which the practitioner perceives research-based interventions as not clinically useful and less important than clinical experience.

The overall Cronbach Alpha in the present study was similar to the one reported by Aaron (2004).

Table 13: EBPAS Subscale and Item Means, Standard Deviations, Item-Total Correlations, and Cronbach's Alpha

	Mean (SD)	Item-total correlation	Cronbach Alpha
Requirements			
• Agency required	1.83 (1.11)	.50	.73
• Supervisor required	1.87 (1.33)	.34	.75
• State required	1.17 (1.15)	.18	.77
Appeal			
• Makes sense	3.13 (.76)	.60	.75
• Intuitively appealing	3.17 (.78)	.51	.73
• Get enough training to use	2.48 (.85)	.35	.75
• Colleagues happy with intervention	2.35 (1.03)	.46	.74
Openness			
• Will follow a treatment manual	2.96 (.89)	.31	.75
• Like new therapy types	2.87 (.87)	.16	.76
• Therapy developed by researchers	3.13 (.69)	.45	.74
• Therapy different than usual	2.83 (.98)	.34	.74
Divergence			
• Research-based treatments not useful	3.45 (.99)	.49	.73
• Will not use manualized therapy	3.61 (.89)	.25	.74
• Clinical experience more important	2.43 (1.20)	.47	.75
• Know better than researchers	2.22 (1.28)	.22	.76
EBPAS total	2.63 (.48)		

Practitioner's attitudes toward adoption of evidence-based practices did not differ significantly by practitioner's gender, age, academic achievement, and experience level (Table 14). However, younger compared to older practitioners tend to be somewhat more open to adopting evidence-based practices and considered these practices as more appealing.

Table 14: EBPAS by practitioner's age, gender, educational attainment, and experience

	Appeal	Requirements	Openness	Divergence	Total scores
Experience					
• Low experience	1.71 (.88)	2.72 (.49)	2.95 (.68)	3.10 (.52)	2.68 (.42)
• High experience	1.46 (1.22)	2.91 (.81)	2.94 (.56)	2.63 (1.25)	2.55 (.59)
Age					
• ≤ 37 years	1.87 (.83)	2.83 (.57)	3.03 (.63)	3.05 (.71)	2.75 (.48)
• ≥ 38 years	1.44 (1.07)	2.75 (.67)	2.88 (.65)	2.85 (.81)	2.55 (.48)
Degree					
• No university degree	1.53 (.94)	2.70 (.45)	2.88 (.75)	3.03 (.45)	2.60 (.34)
• Has university degree	1.69 (1.04)	2.85 (.73)	3.00 (.55)	2.87 (.94)	2.66 (.58)
Gender					
• Male	1.64 (1.10)	2.95 (.61)	2.95 (.67)	3.02 (.79)	2.70 (.51)
• Female	1.59 (.78)	2.53 (.55)	2.94 (.61)	2.81 (.72)	2.53 (.43)

Interview - Practitioner's experience in Treatnet Family training

The overall experience in the Treatnet Family training was positive and almost all practitioners learnt skills that they needed both at the professional and personal levels.

Professional development

Practitioners mentioned that they **learned a lot of new things from the facilitators, through modules and role play**. They also learnt the concept and importance of family intervention, core skills of Treatnet Family, including positive reframing, handling clients and families who are resistant, applying positive communication by avoiding judgment towards clients, exploring clients' goal, desire, and expectation, as well as the concept of genogram through modules and role play.

After the training, most practitioners also reported that they have **more confidence in conducting Treatnet Family and applying core skills with the right attitude**. They expressed learning new information on:

> *"how to handle client and family who is resistant, how to apply good communication technic by avoiding judgment towards client."*
>
> *"how to get client's goal, desire, and expectation, how to use positive approach to help client be more open to us."*
>
> *"learning to see that negative situation or thoughts from client can be reframed to be something more positive without patronizing the client."*
>
> *"The training help me to conduct counselling better, in terms of suppressing my ego, implementing listening skill, trying to see positive sides from client's negative statement, and tryng to manage neutrality during sessions."*
>
> *"It will be useful to implement during day-to-day counseling sessions with family by helping them to understand each other's perspectives. It can also help us in better communicating with clients and their family."*

Role play was regarded as an excellent way to illustrate some of the contents of the Treatnet Family, with some participants reported:

> *"I am impressed with the role play because it is so touching and easier to understand than lectures. I learn about positive reframing and listening skills."*
>
> *"It gives me a clear picture of how the session will be and how important my role as counselor in Treatnet Family sessions. It also gives me practical knowledge about positive reframing, reflective listening, and other technics!"*

Personal Development

Some of the skills learnt in Treatnet Family workshop could also be used in other settings external to their professional setting.

> *"As a father of two children, I become more understanding on the importance of communication".*

> *"I learn how to be a good listener and understand things not only from my side, but also from other person so we could see something from another perspective".*

How Treatnet Family could benefit the adolescents and their families, and the society at large

Practitioners consider Treatnet Family as a way to help raise the important role of each family member in improving the communication patterns within the family.

> *"It will make the teenager build communication easier with their family. It also made the family communicate their hope for the children. If the family can communicate well, then the community will be better. In addition, this intervention teaches us how to improve the communication skill as well."*

> *"Each of family members will get to know each other deeper and be more open to each other. The adolescents can feel more comfortable to share their feelings and thoughts with parents because their parents become more understandings towards them."*

> *"It will help clients and their families to confront negative thoughts with more positive inputs. It will open up their mind as well. Besides that, communication within family will be better and they can be more understanding toward each other. It will be the basic skill to overcome the drug use behavior within family."*

Managing drug problems is considered as a joint effort between the family and the state.

> *"It raise awareness that managing drugs addiction actually needs family responsibility, not only the State responsibility."*

Barriers for implementing Treatnet Family

Cultural issues: The ability to discuss problems as a family is influenced by cultural norms.

> *"Not everyone is accustomed to sitting with the family and discussing problems assertively. However, there were opinions that in Indonesian culture where parents are always right. For example, in Sumatran culture we could not sit together to discuss something and the father (as the head of household) is definitely dominant."*

"Sometimes family doesn't get used to share their stories in front of a person outside their family members. They will be questioning why they keep being asked about their family problems."

Family customs could be a barrier during implementation, such as belief that children need to be more quiet and submissive in front of their parents to show respect, tendency of parents to be less expressive in showing their love, affection, and appreciation to their children, and adolescent's belief that being close with their parents result in bad consequences as they're ashamed of being labelled as "mama's boy" or "daddy's girl" by their peers.

"There are custom in our society that children tend to speak less in front of their parents. Besides that, parents might not get used to share their problems in front of their child."

Stigmatisation

It will be hard to adjust time for counseling between clients who are in school and their family members who mostly work at the same time as the practitioner's working hours. This means that the sessions will most likely be conducted after working hours.

Due to stigmatisation, the clients are resistant of having practitioners do the intervention at home. At the same time, many clients refuse to receive support from the intervention centres.

"BNN only work during office hours, but the parents only have time after office hours. If BNN do the homevisit, the residents will become resistant."

"Place to conduct sessions. Not every family member agrees to come to our office to attend the sessions."

Adolescence

This developmental stage is considered as one of the barriers in a successful implementation of Treatnet Family.

"Client usually shows unstable character because they are still teenagers. They can be forgetful to what we discuss in previous sessions and there are chances they won't implement the strategy introduced during sessions. It will make the progress quite harder to be seen."

Characteristics of the families

Families from low socioeconomic status and low education levels might need money to cover their travelling expenses to the intervention centre. They might also have trouble to receive and understand information and benefit of the program throughout the sessions.

"It takes time to prepare the family readiness and money for accomodation (and transportation)."

In addition to the above points, some practitioners reported that it was **hard to make the session duration in accordance with the Treatnet Family manual** because some clients have

complex circumstances that require more and longer sessions.

Facilitators for implementing Treatnet Family

The manualisation of the Treatnet Family and the accompanying material help to facilitate the implementation of Treatnet Family.

> *"Controlled and measurable guidance from Treatnet Family make it easier to be implemented by practitioners. It gives practitioners confidence to conduct the sessions. Furthermore, the practitioners' confident level can have a positive impact towards clients', or even larger community's acceptance to the family intervention program."*

> *"Design of the Treatnet Family module makes it easier for practitioners to understand clients during sessions because practitioners can observe not only individual characteristic but also family dynamics."*

The practitioners also considered Treatnet Family to be transferable, as they are related to improving communication skills.

> *"The essence of Treatnet Family module is quite general to be implemented, not only for clients but also for institutional development, such as handling conflict with organization, colleagues, or management level."*

> *"Treatnet Family can be implemented not only at family level but also at community level, such as through women groups in the neighborhood. Hopefully, each mother can implement the skills within their families and it will help one family at a time."*

Research Team meeting

Parallel to the Treatnet Family training, there were also meetings with the project's Principal Investigator (PI), UNODC staff, National Research Partners (NRP) and their team members. The purpose of the meeting was to finalise the study protocol, including recruitment, scales translation and adaption as well asdata management.

Photo 9: Research team meeting

The outcomes of these meetings were shared with the practitioners at the allocated time slot. The purpose of this exercise was to inform practitioners the research aspect of Treatnet Family and their role and contribution in this research.

Photo 10: Research team sharing research aspects of the project with the practitioners

STUDY 3

Aim: To determine the feasibility of implementing Treatnet Family in terms of recruitment and the acceptability of Treatnet Family among Indonesian adolescents and their families, and implementation fidelity (i.e., the extent to which practitioners can effectively implement Treatnet Family as outlined in the Treatnet Family practitioners manual).

Method: To measure fidelity, the practitioners, the national supervisors, the adolescent and a family member were asked to answer a fidelity scale.

a) Practitioners: After each session with each adolescents and their families, the practitioners completed the "**Treatment Integrity Scale**" – which is a fidelity measure designed to indicate whether or not they have delivered the skills in each session as outlined in the Treatnet Family manual. See Appendix 6.

In addition to completing the "Treatment Integrity Scale", the practitioners completed the **Inventory of Therapy Techniques** (ITT) (Appendix 6a) at the end of each session. The ITT (Aaron & Dauber, 2013) was used to gather practitioner-report measure fidelity to four main therapeutic approaches: cognitive-behavioral therapy, family therapy, motivational interviewing, and drug counselling. The practitioners indicated the extent to which they used the intervention strategies/skills in each of the Treatnet Family session. The ITT contains 27 items which the practitioners rated on the same 5-point Likert scale: "A little bit", "Moderately", "Considerably", and "Extensively".

At the end of the study (intervention), the practitioners also provided information on recruitment and retention (See Intervention Record: Appendix 9). They also completed a short questionnaire (with 7 items) about their experiences with the Treatnet Family. See Appendix 10.

b) National Supervisors completed a fidelity measure on one random session of Treatnet Family that they have observed. They were asked to indicate whether or not the practitioners have delivered the skills in each session as outlined in the Treatnet Family manual. See Appendix 7.
At the same time, the national supervisors completed the Session Quality Scale (Appendix 7a), where they were asked to indicate their judgment regarding the three aspects of the session:
- Client Difficulty
- Therapist Competence
- Session Success

Another questionnaire that the national supervisors completed was the Inventory of Therapy Techniques (ITT) (Appendix 7b).

c) Family members completed a short fidelity interview on one random session of the Treatnet Family (i.e., the same Treatnet Family session that was observed by the national supervisor). They were asked to indicate whether or not the practitioners have delivered the skills in each session as outlined in the Treatnet Family manual. See Appendix 8.

d) Adolescents completed a short fidelity interview on one random session of the Treatnet Family (i.e., the same Treatnet Family session that will be observed by the national supervisor). They were asked to indicate whether or not the practitioners have delivered the skills in each session as outlined in the Treatnet Family manual. See Appendix 8a.

This was complemented by a short interview (See Appendix 11).

Method: Participants

Treatnet Family Supervisors

Five counsellors who have been previously trained in Treatnet Family served as a supervisor during the course of this project. All of them have participated in two Treatnet Family workshops, one which took place in November 2018 and another one in October 2019. The more recent workshop was conducted together with the practitioners. In addition, they also received the trainer's and the practitioner's manual.

All the supervisors are female, with a mean age of 43.40 years (Table 15). They all have a master's degree in psychology and are currently working as a Family and Child/Adolescent Psychologist (N=2) and as a Clinical Psychologis (N=3). All the supervisors have a master's degree in psychology.

Their role was to observe one Treatnet Family session, which was selected randomly, and to provide supervision and support to the practitioners. The supervisors were given the opportunity to discuss any of the issues raised by the practitioners with the local UNODC staff and the international experts in Treatnet Family.

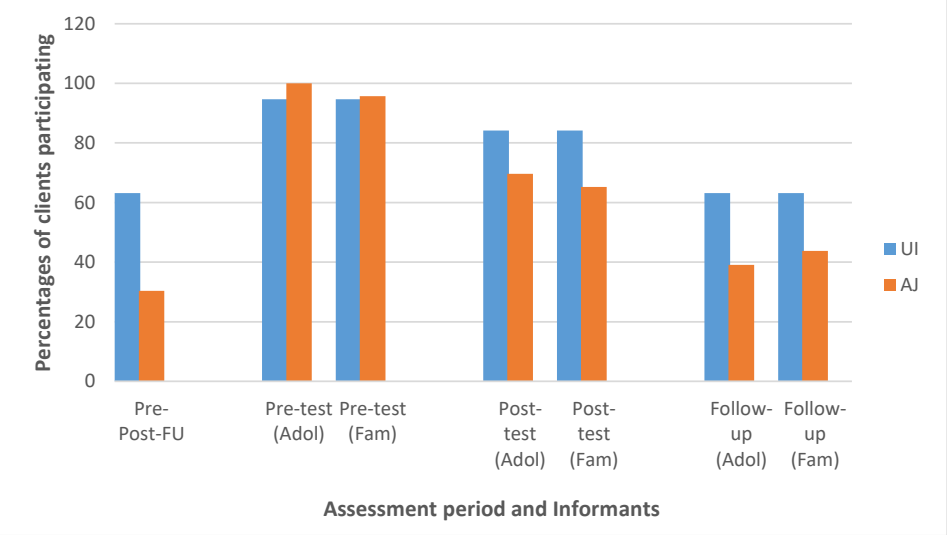
Table 15: Supervisor - Sociodemographic Information

Variables	N (%)
Age (in years), ranging: 35 – 58 years - mean (SD)	43.40 (8.7)
Number of years working with young people - mean (SD), ranging: 9 – 28 years	14.80 (8.0)
Number of years working with families - mean (SD), ranging: 5 – 30 years	13.80 (9.7)
Number of years working with people with drug problem - mean (SD), ranging: 9 – 28 years	14.60 (7.9)
Supervision experience - Yes	4 (80.0)
Your main occupation - Family/Child and Adolescent Psychologist - Clinical Psychologist	2 (40.0) 3 (60.0)
Highest education level - Masters degree in psychology	5 (100)

Adolescents and their families

Figure 3 shows the percentages of the adolescents and their family member(s) who participated in the Treatnet Family. A total of 42 adolescents and their family member(s) were recruited for this study. Of these only 19 adolescents and their family completed the questionnaires at pre-, post-intervention as well as at a month-follow-up assessement.

Figure 3. Percentages of adolescents and their family who participated in the Treatnet Family



As shown in Table 16 most of the drop-out was mostly related to being unable to contact the clients at the follow-up assessment due to lock down as a response to the covid-19 outbreak.

Table 16: Adolescents and their families who stayed or dropped out of the intervention

	NRP	A-T1	F-T1	A-T2	F-T2	A-FU	F-FU	Reasons of Drop-out
USAM2001	UI	x	x	x	x	Drop-out		Relapse
UDIM2003	UI	x	x	x	x	X	x	-
UAGR2003	UI	x	x	x	x	X	x	-
UGAL2000	UI	x	Drop-out					Unreachable
YRAF2002	UI	x	x	x	x	X	x	-
YAPI2003	UI	x	x	x	x	X	x	-
YABR2001	UI	x	x	x	x	X	X	-
YAKM2002	UI	x	x	x	x	X	X	-
UFAU2002	UI	x	x	x	x	X	x	-
URIS2002	UI	x	x	x	x	X	x	-
UARI2003	UI	x	x	x	x	X	X	-
UWAH2003	UI	x	x	x	x	Drop-out		Unreachable
USTE2003	UI	x	x	x	x	X	X	-
UARE2001	UI	x	x	x	x	Drop-out		Refuse to Continue
URIS2004	UI	x	x	x	x	x	X	-
YENJ2004	UI	x	x	x	x	x	X	-
USAH2003	UI	x	x	x	x	Drop-out		Unreachable
UIRF2002	UI	x	x	Drop-out				Busy
UARF2002	UI		x	Drop-out				Unreachable
MZAK2004	AJ	X	x		Drop-out	x	x	
MARI2003	AJ	X	x	x	x	x	x	
MTRI2003	AJ	X	x		Drop-out	x	x	
MJUA2004	AJ	X	x	x	x	x	x	
MZAL2004	AJ	X	x	x	x	x	x	
MTAN2004	AJ	X	x	x	x	x	x	
MFYS2004	AJ	X	x	x	x	x	x	
MSRI2003	AJ	X	x	x	x		x	Adolescent have internship and need to move to other city
KFIR2003	AJ	X	x		Drop-out		Drop-out	Unreachable
KDAC2003	AJ	X	x		Drop-out		Drop-out	Completed 3 sessions and never return
KAND2004	AJ	X	x	x	x	x	x	
KPRI2001	AJ	X	x	x	x	x	x	
KKPH2003	AJ	X			Drop-out		Drop-out	Unreachable
KDHI2001	AJ	X	x	x	x		Drop-out	Unreachable
TAPI1998	AJ	X	x	x	x		Drop-out	All of them lost to Follow-up (One month) because of movement restriction due to covid outbreak.
TAHM2000	AJ	X	x	x	x		Drop-out	
TTOM1999	AJ	X	x	x	x		Drop-out	
TWFE2001	AJ	X	x	x	x		Drop-out	
TYES1998	AJ	X	x				Drop-out	
TABD2000	AJ	X	x	x			Drop-out	
TVFR2002	AJ	X	x	x	x		Drop-out	
TDIE2003	AJ	X	x	x	x		Drop-out	
TZER2003	AJ	X	x	x	x		Drop-out	

Sociodemographic characteristics of adolescents

Adolescents in the dropout group were significantly older than those in the non-drouput group (Table 17). There were no group differences in the other sociodemographic characteristics. In both groups, there were more males than females; however, the number of males and females among those in the dropout and non-dropout groups was equally distributed. Slightly more than half of the adolescents live with both parents, and most of them are still attending school. Among adolescents who were no longer going to school, 60% of those in the non-dropout group were unemployed compared to 33.3% of those in the dropout group.

Table 17: Adolescent – Sociodemographic characteristics

Variables	Dropout (N=22)* N (%)	Non-dropout (N=19) N (%)	F-value or χ^2
Sex			
• Male	20 (90.9)	16 (84.2)	χ^2 = .43, ns
• Female	2 (9.1)	3 (15.8)	
Age (in years)**: Mean (SD)	17.41 (1.9)	16.05 (1.0)	F = 8.10**
Living arrangement:			
• with both parents	12 (54.5)	12 (63.2)	χ^2 = 1.07, ns
• with mother only	2 (9.1)	2 (10.5)	
• with father only	3 (13.6)	3 (15.8)	
• with other people	5 (22.7)	2 (10.5)	
Number of people living in the household, mean (SD)	5.0 (2.7)	4.74 (1.9)	F = .71, ns
Still going to school			
• No	6 (27.3)	6 (31.6)	χ^2 = .09, ns
• Yes	16 (72.7)	13 (68.4)	
Current activity, if not in school:			
• unemployed	2 (33.3)	3 (60.0)	
• help family work/business	1 (16.7)	1 (20.0)	χ^2 = 4.14, ns
• labourer/grab diver	3 (50.0)	1 (20.0)	
Number of friends			
• No friend	2 (9.1)	-	
• 2 – 3 friends	3 (13.6)	-	χ^2 = 4.92, ns
• More than 4 friends	17 (77.3)	19 (100)	
Frequency of meeting friends (per week)			
• less than once	3 (13.6)	-	
• 1 – 2 times	5 (22.7)	4 (21.1)	χ^2 = 7.51, ns
• 3+ times	14 (63.6)	15 (78.9)	

*One participant has missing sociodemographic information; **ranging from 15 – 21 years

Sociodemographic characteristics of a family member

There are no significant differences in any of the sociodemographic characteristics of a family member who accompanied the adolescent to the session and who completed the questionnaires (Table 18). In both groups, the informants were mostly female. Approximately half (57.9%) of those in the dropout group earned below Rp 3 million, whereas about half (52.6%) of those in the non-dropout group earned between Rp 6 – 10 million.

Table 18: Family member – Sociodemographic characteristics

Variables	Dropout (N=22) N (%)	Non-dropout (N=19) N (%)	F-value or χ^2
Age (in years)*			
• Mean (SD)	44.19 (6.9)	42.53 (6.5)	F = .61, ns
Employment status			
• Unemployed	3 (14.3)	3 (15.8)	χ^2 = .02, ns
• Employed	18 (85.7)	16 (84.2)	
Highest education level			
• Elementary school graduate	10 (47.6)	6 (31.6)	
• Middle school graduate	2 (9.5)	6 (31.6)	χ^2 = 4.91, ns
• High school graduate	7 (33.3)	7 (36.8)	
People living in your household, mean (SD)**	4.95 (2.4)	4.84 (1.6)	F = .03, ns
Family monthly spending			
• Above 10 million	2 (10.5)	8 (42.1)	
• 6 – 10 million	1 (5.3)	10 (52.6)	χ^2 = 4.14, ns
• 3 – 5 million	5 (26.3)	1 (5.3)	
• Below 3 million	11 (57.9)	0	
Marital status of the parents			
• Divorced	4 (21.1)	2 (10.5)	
• Married	13 (68.4)	15 (78.9)	χ^2 = 2.14, ns
• Single	0	1 (5.3)	
• Widowed	2 (10.5)	1 (5.3)	

*Note: *ranging from 33-60 years; **ranging from 3 – 12. One participant has missing sociodemographic information*

Results (Study 3)

Treatment Fidelity

Figure 4: Number of sessions which were being observed by the supervisors

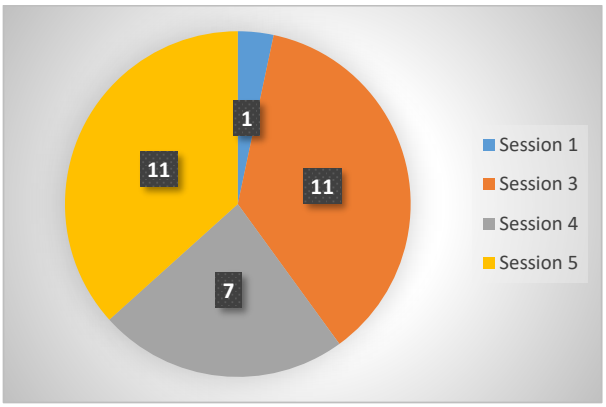


Figure 4 shows the session that was being observed by the supervisors. The most commonly observed sessions were sessions 3 and 5.

Twenty-two practitioners (64.7%) successfully covered all the session's contents.

Table 19: Percentage of session's content covered

% of session's content covered	N (%)
50%	1 (2.9)
60%	1 (2.9)
70%	2 (5.9)
80%	5 (14.7)
90%	2 (5.9)
95%	1 (2.9)

Table 19 shows the number of practitioners who did not cover all the session's content.

In this group of practitioners, more than half of them covered more than 80% of the session's content.

Table 20: Practitioner's use of Treatnet Family skills as observed by the supervisor

TF skills	N (%)
• Core TF skills	34 (100)
• Positive relational reframing	25 (73.5)
• Relational questions	5 (14.7)
• Positive reframing	26 (76.5)
• Perspective taking	24 (70.6)
• Reflecting	3 (8.8)
• Engendered Hope	5 (14.7)
• Paraphrasing	3 (8.8)

According to the supervisor's observation, all the practitioners covered the Treatnet Family core skills. Skills that the practitioners commonly used were positive reframing, positive relational reframing and perspective talking.

The less commonly used skills were "reflecting" and "paraphrasing" (Table 20).

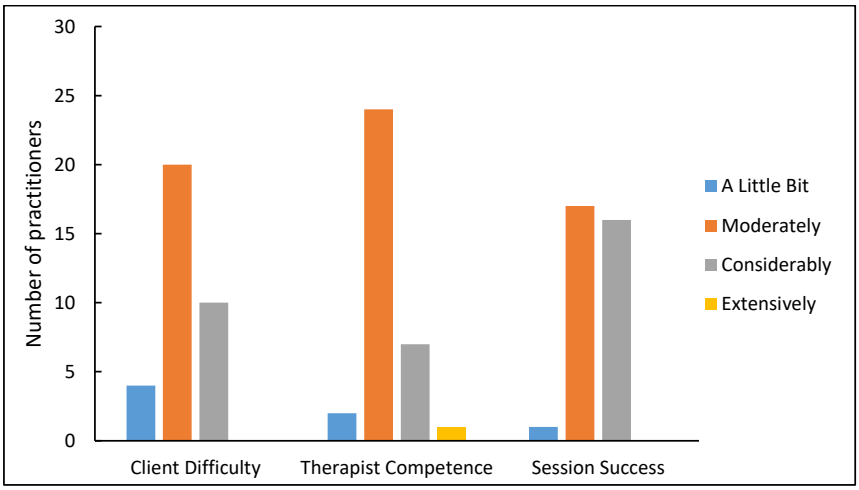
Supervisor's rating of Treatnet Family session

Figure 5 shows the supervisor's rating of the session that they observed. The level of difficulty presented by the client in this session was rated by the supervisor as mostly at "moderate level" (58.8%). Furthermore, in 29.4% of the cases, this was rated as having "considerable" difficulty.

Most practitioners handled the session with "moderate competence" (70.6%) and "considerable competence" (20.6%).

Overall, the session was evaluated by the supervisor as a success in terms of the quality in which the practitioner carried out the session (50% moderate and 47.1% considerable success).

Figure 5: Supervisor's rating of Treatnet Family session



Practitioner's use of specific skills during Treatnet Family sessions

Following Aaron and Dauber (2013), the ITT skills were grouped under: cognitive behaviour therapy (CBT), family therapy, motivational interviewing and drug counselling.

Tables 21 to 23 shows the means of ITT scale based on the practitioner's self-report and as observed by the supervisor for sessions 3, 4, and 5, respectively. Except for the CBT scale for session 5, there are no significant differences in the practitioner's and supervisor's rating. In session 5, the practitioner's report in terms of the use of CBT skills was significantly higher than those observed by the supervisor, $F = 17.19$, $p < 0.05$.

Table 21: Means of ITT scale for Session 3

	Practitioner Mean (SD)	Supervisor Mean (SD)
• Cognitive Behavior Therapy scale	3.45 (.59)	3.13 (.91)
• Family Therapy scale	3.82 (.50)	3.42 (.85)
• Motivational Interviewing scale	3.38 (.58)	3.42 (.85)
• Drug Counselling scale	2.18 (1.08)	2.55 (1.21)

Table 22: Means of ITT scale for Session 4

	Practitioner Mean (SD)	Supervisor Mean (SD)
• Cognitive Behavior Therapy scale	3.65 (1.01)	3.31 (.57)
• Family Therapy scale	3.83 (1.09)	3.69 (.69)
• Motivational Interviewing scale	3.61 (.94)	3.42 (.76)
• Drug Counselling scale	2.71 (1.38)	2.57 (.98)

Table 23: Means of ITT scale for Session 5

	Practitioner Mean (SD)	Supervisor Mean (SD)
• Cognitive Behavior Therapy scale	3.66 (.78)	3.09 (.84)
• Family Therapy scale	3.78 (.61)	3.33 (.98)
• Motivational Interviewing scale	3.77 (.58)	3.32 (.89)
• Drug Counselling scale	3.27 (1.35)	2.27 (1.48)

Table 24 shows the level of agreement between practitioner and supervisor's rating on the practitioner's use of specific therapeutic skills as measured using the ITT scale. The kappa values (unweighted and weighted) were calculated based on the original rating.

The Maxwell value was based on a dichotomised value (1=skills were used; 0=skills were not used). The high Maxwell value illustrate a high level of agreement between the two informants.

Table 24: ITT – Level of Agreement between Practitioners and Supervisors

	Kappa (unweighted)	p-value	Kappa (weighted)	p-value	Maxwell (dichotomised)
Cognitive Behavior Therapy scale					
• Sets agenda	0.3	0.143	0.65	0.022	1.00
• Cravings, triggers, and high-risk situations	0.02	0.861	0	1	0.64
• Coaches interaction	-0.1	0.503	0.17	0.334	1.00
• Behavioral interventions	0.04	0.769	0.03	0.905	0.27
• Teaches new skills	0.19	0.281	0.54	0.04	0.45
• Non-drug activities	0.11	0.442	-0.09	0.644	0.82
• Homework assignment	0.36	0.037	0.5	0.081	1.00
Family Therapy subscale					
• Parental monitoring	0.44	0.014	0.62	0.029	1.00
• Family attachment	0.29	0.026	0.52	0.026	1.00
• Family intervention (relational issues)	-0.06	0.737	0.21	0.461	1.00
• Deal with presenting problems	0.19	0.281	0.54	0.04	0.45
• Core relational themes	0.25	0.093	0.29	0.126	0.64
Drug Counselling					
• Confront denial	0.02	0.896	0.28	0.322	0.45
Motivational Interviewing					
• Affirmed self-efficacy	0.44	0.034	0.49	0.084	1.00
• Reflective statements	0.17	0.39	0.32	0.2	1.00
• Promote equality	0.06	0.752	0.03	0.903	0.82
• Motivation to change	0.1	0.419	0.34	0.215	0.82
• Heightens discrepancies	-0.01	0.945	0	1	0.64
• Drug use and the pros and cons	-0.09	0.451	0.23	0.376	0.64
• Change planning	0.13	0.388	0.34	0.124	0.82

STUDY 4

Aims: To explore the potential of Treatnet Family in:

- Reducing substance consumption
- Reducing drug-related problems among youth who use drugs
- Reducing mental health problems
- Improving family interaction

Method: The adolescents were asked to complete five questionnaires before and after the intervention, and at a follow-up period (i.e., approximately 1 month after completing the intervention).

Information about the adolescent's and their family's sociodemographic information are shown in Table 17 and Table 18, respectively.

Questionnaires: The adolescents completed a set of questionnaires to measure substance consumption, life events, friends with risk-taking and anti-social behaviour, as well as substance use psychological wellbeing, and family functioning.

Substance Consumption scale (SCS; Ruchkin, Schwab-Stone, & Vermeiren, 2004), modified for the present study, was used to measure three types of substances: alcohol, drugs and tobacco. Information on the frequency and amount of substances consumed will be collected. See Appendix 12.

Social and Health Assessment (SAHA; Ruchkin, Schwab-Stone, & Vermeiren, 2004) was used to measure the adolescent's friends who participate in various types of risk-taking and anti-social behaviour, as well as substance use. The 9 items are rated on a 4-Likert scale, ranging from "none of them" (1) to "most or all of them" (4). See Appendix 13.

Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) was used to measure positive and negative attributes. It contains 25 items which can be divided into five subscales: emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial behaviour. Each of these subscales has 5 items. These items are scored on a 3 point Likert scale, ranging from 0 (not true) to 2 (certainly true). See Appendix 14.

Family Assessment Device (FAD; Epstein et al., 1983) was used to measure the family's ability to resolve problems at a level that maintains effective family functioning, from the adolescent's perspective. The FAD utilises a 4 point Likert scale, with answer choices "strongly agree," "agree," "disagree," and "strongly disagree." Answers are coded 1 - 4 with higher scores indicate more problematic functioning. See Appendix 15.

Sociodemographic scale was used to measure basic sociodemographic information (e.g., age, gender, living arrangement), number of close friends, and experience of life events in the last 12 months. See Appendix 16.

Interview

The adolescents were interviewed about their experience with Treatnet Family at the end of the intervention. See Appendix 17.

Results (Study 4)

All of the adolescents have smoked cigarettes, with almost all of them having smoked a few (36.8%) or more than a few time (57.9%). Similarly, a high number of them have also consumed alcohol (Table 25). Approximately half of the adolescents have consumed marijuana, and 15.8% have used other drugs a few times.

Table 25: Number of adolescents who have ever used various types of substances

	Drink alcohol N (%)	Smoke Cigarettes N (%)	Marijuana N (%)	Amphetamine N (%)	Other drugs N (%)
• No, never	2 (10.5)	-	11 (57.9)	17 (89.5)	15 (78.9)
• Yes, but only once	3 (15.8)	1 (5.3)	2 (10.5)	1 (5.3)	1 (5.3)
• A few times	11 (57.9)	7 (36.8)	3 (15.8)	-	3 (15.8)
• More than a few times	3 (15.8)	11 (57.9)	3 (15.8)	1 (5.3)	

Alcohol Consumption

The number of adolescents who reported changes in their drinking behaviour are shown in Table 26. Results showed a significant improvement in alcohol consumption from Pre-TF to Follow-up. Improvement was also seen from pre- to post-TF, however, the change did not reach any significant difference.

The number of days in which the adolescents had five or more drinks of alcohol in a row did show some improvement, however, these changes were not significant.

Table 26: Number of adolescents who consumed alcohol during the past 30 days

How many times (if any) have you had a drink of alcohol during the past 30 days?	Pre-TF → Post-TF	Pre-TF → Follow-up
• Improved	9	10
• Worsened	1	1
• Stayed same	4	2
• Stayed zero	5	4
	χ^2 (3)=6.895, p = .075	χ2 (3)= 11.471, p < .01

During the past 30 days, on how many days (if any) did you have five or more drinks of alcohol in row, that is, within a couple of hours?	Pre-TF → Post-TF	Pre-TF → Follow-up
• Improved	7	4
• Worsened	1	2
• Stayed same	0	0
• Stayed zero	11	11

Smoking Cigarettes, Marijuana and Amphetamine

Overall the number of adolescents who smoked cigarettes, consumed marijuana and amphetamine showed a reduction from pre- to post-TF and at follow-up (Table 27). These reductions, however, did not reach any significant difference across time.

Table 27: Number of adolescents who smoked cigarettes during the past 30 days

During the past 30 days, on how many days did you smoke?	Pre-TF → Post-TF	Pre-TF → Follow-up
• Improved	6	4
• Worsened	3	3
• Stayed same	7	7
• Stayed zero	3	3

During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?	Pre-TF → Post-TF	Pre-TF → Follow-up
• Improved	3	3
• Worsened	3	3
• Stayed same	10	8
• Stayed zero	3	3

Table 28: Number of adolescents who used marijuana and amphetamine in the past 30 days

In the past 30 days, how many times (if any) have you used marijuana?	Pre-TF → Post-TF	Pre-TF → Follow-up
• Improved	4	3
• Worsened	0	0
• Stayed same	1	1
• Stayed zero	14	13

In the past 30 days, how many times (if any) have you used amphetamine ("shabu")?	Pre-TF → Post-TF	Pre-TF → Follow-up
• Improved	1	1
• Worsened	0	0
• Stayed same	0	0
• Stayed zero	18	16

Figure 6: Alcohol- and drug-related activities (mean scores) in the past 30 days

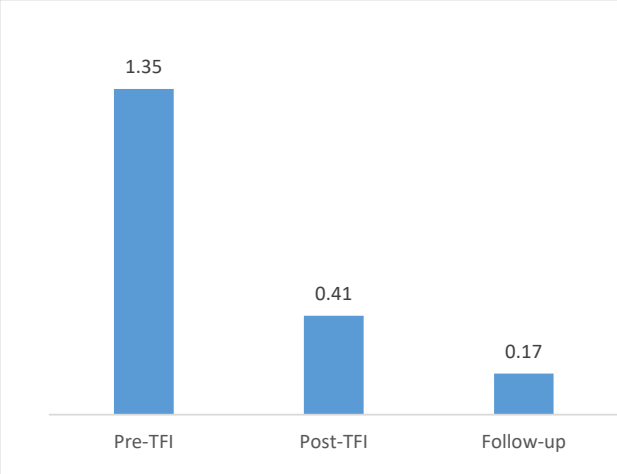


Figure 6 shows the means of alcohol- and drug-related activities in the past 30 days. A one-way repeated measure analysis (ANOVA) was conducted to evaluate adolescent's total alcohol- and drug-related activities in the past 30 days at pre-, and post-TF and at a one-month follow-up. There is a general trend of reduction in adolescent's alcohol- and drug-related activities, however, this decrease did not reach any significant level, Wilks' Lambda=.74, F (2, 15) =2.59, p=.11.

Separate analyses were also conducted on each specific alcohol- and drug-related problem (Table 29). A Friedman's test showed that there was a significant difference on "Ridden in a car or other vehicle driven by someone who had been drinking alcohol or using drugs" following the intervention, χ^2 (2) = 6.50, p = 0.04**.**

Table 29: Mean rank of each specific alcohol- and drug-related problems during the last 30 days

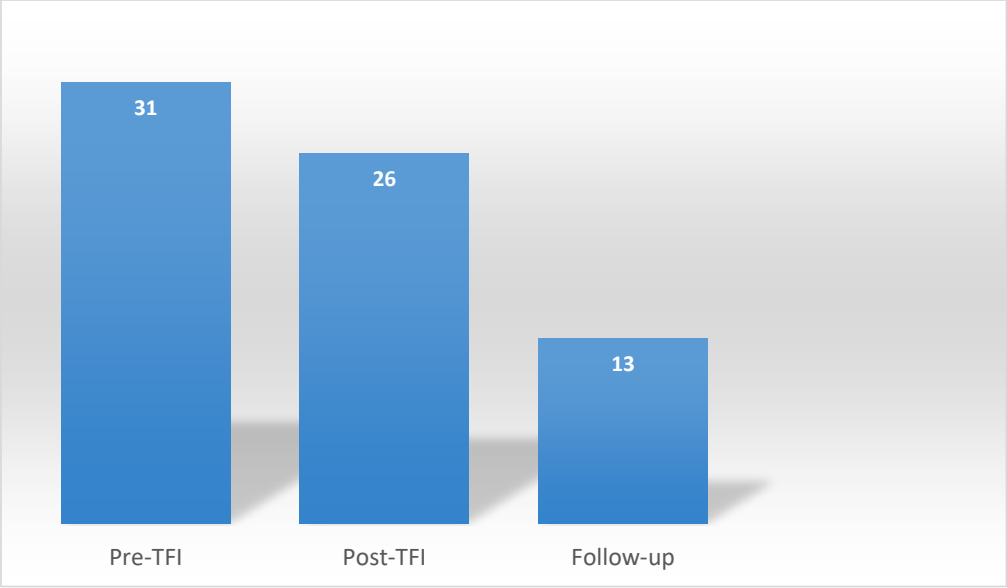
	Pre-TF	Post-TF	Follow-up	χ2
• Had fights or arguments with other people while you were drinking alcohol.	2.21	1.85	1.94	5.20, ns
• Had fights or arguments with other people related to your use of drugs	2.06	1.97	1.97	2.00, ns
• Been drunk or very high from drinking alcoholic beverages	2.12	1.94	1.94	4.00, ns
• Been high from taking drugs	1.97	2.06	1.97	2.00, ns
• Been unable to stop using drugs or alcohol when you wanted to	2.06	2.06	1.88	2.00, ns
• Ridden in a car or other vehicle driven by someone who had been drinking alcohol or using drugs	2.21	1.94	1.85	6.50*
• Felt very uncomfortable or sick when you were not taking drugs	2.09	2.00	1.91	2.00, ns
• Been expelled from school because of drug use/ possession	-	-	-	-
• Had money problems because of your spending on drugs	2.12	1.94	1.94	4.00, ns
• Engaged in illegal activities in order to obtain drugs	-	-	-	-
• Had been arrested for drugs	2.06	1.97	1.97	2.00, ns

Social and Health Assessment (SAHA)

Figure 7 shows the mean number of friends who consumed substance and participated in antisocial behaviour. A one-way repeated measure analysis (ANOVA) was conducted to evaluate the extent to which participating in Treatnet Family led to changes in the number of friends that the adolescents. For this purpose, SAHA was used to measure a wide range of substance-related and antisocial behaviour that the adolescent's friends are involved in.

The results of the ANOVA indicated a significant time effect for the SAHA scores, Wilks' Lambda = .50, F (2, 13) = 6.42, p = .01. Follow-up comparisons indicated that a pairwise difference between pre-TF and at follow-up, and between post-TF and at follow-up were significant, $p < .05$. These findings suggested that the number of friends that adolescents had, decreased significantly after the intervention which was maintained up to follow-up period.

Figure 7: Mean number of friends who consumed substance and participated in antisocial behaviour



A series of one-way repeated measure analysis (ANOVA) was conducted to evaluate whether participating in Treatnet Family led to changes in adolescent's involvement with friends who were involved with specific antisocial behaviour (Table 30).

The results of the ANOVA indicated a significant time effect for friend(s) who:

- skipped school a lot without permission (Wilks' Lambda = .55, F (2, 14) = 5.72, p = .02.)
- drink alcohol/miras fairly regularly (Wilks' Lambda = .59, F (2, 14) = 4.83, p = .03).
- have been violent (Wilks' Lambda = .55, F (2, 14) = 5.73, p = .02).

For all these three activities, follow-up comparisons indicated that a pairwise difference between post-TF and at follow-up were significant, $p < .05$.

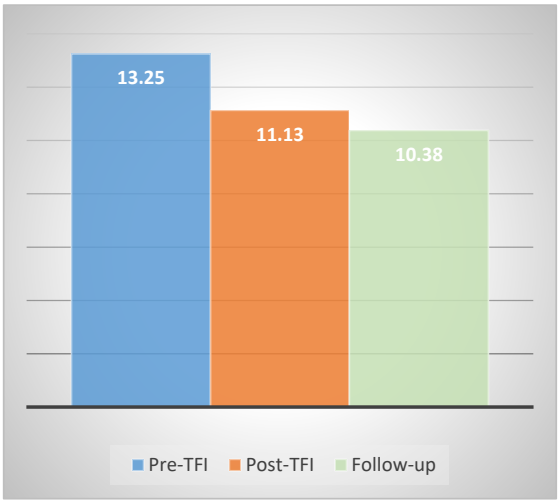
Table 30: Adolescent's friends who consumed specific substance and participated in specific antisocial behaviour

	Pre-intervention Mean (SD)	Post-intervention Mean (SD)	Follow-up intervention Mean (SD)	F-value
Number of friends who…..				
• Smoke cigarettes on a pretty regular basis	7.62 (6.1)	6.50 (4.9)	5.06 (5.1)	3.19, ns
• Dropped out of school before finishing high school	2.71 (3.3)	1.71 (1.9)	1.59 (1.7)	1.26, ns
• Skipped school a lot without permission	2.13 (1.7)	2.31 (1.8)	1.31 (1.7)	5.77*
• Go out in the evening without their parents' permission	3.38 (3.6)	3.31 (4.3)	1.69 (2.8)	2.75, ns
• Drink alcohol/miras fairly regularly	2.38 (4.5)	1.25 (1.2)	.38 (1.3)	4.83*
• Use benzodiazepine/boti, marijuana/gele, sinte, amphetamine/shabu, opioid/ tramadol, any other drug?	2.00 (3.1)	1.00 (2.1)	.44 (1.3)	2.93, ns
• Have had sexual intercourse	.13 (.50)	.37 (1.2)	.13 (.5)	.26, ns
• Have sex in exchange for money or drug	.63 (2.5)	.00 (0)	.00 (0)	1.00, ns
• Have been at the juvenile court because of their behaviour	.81 (2.4)	.00 (0)	.13 (.5)	1.45, ns
• Have been violent (e.g., been in fights)	2.13 (2.8)	1.81 (1.9)	.94 (1.7)	5.73*
• Have been arrested by the police	2.13 (4.7)	2.50 (4.7)	.19 (.5)	2.09, ns
• Have been abandoned by their family	1.06 (3.0)	.56 (1.5)	.19 (.4)	.89, ns
• Have been stealing	.75 (1.0)	.75 (1.2)	.31 (.7)	1.76, ns
• Have been in contact with gang or violent group	2.69 (5.0)	3.88 (9.2)	.50 (1.3)	1.44, ns

Impact of Treatnet Family on adolescent's mental health difficulties

The impact of Treatnet Family on adolescent's mental health difficulties (as measured using the SDQ) showed some interesting findings in showing discrepancies between self-report (by the adolescents) and reporting from a family member. While reduction on total mental health difficulties, as well as on the emotional, conduct and peer problems was found based on self-report (Figure 8), these decreases did not reach any significance level. Specifically, a one-way repeated measure analysis (ANOVA) was conducted to evaluate whether or not there was a change in adolescent's mental health problems when measured at pre-, and post-TF and at a one-month follow-up. The results of the ANOVA did not find a significant time effect, Wilks' Lambda = .68, F (2, 16) = 3.38, p = .06.

Figure 8: Adolescent's self-reported mental health difficulties (mean SDQ)



A one-way repeated measure analysis (ANOVA) was conducted to evaluate whether or not there was a change in adolescent's mental health problems when measured at pre-, and post-TF and at a one-month follow-up according to a report from a family member.

The results of the ANOVA indicated a significant time effect for the total SDQ scores, Wilks' Lambda = .57, F (2, 16) = 6.08, p = .01. Follow-up comparisons indicated that a pairwise difference between pre-TF and at follow-up was significant, $p < .05$. There was a significant decrease in mental health problems from pre-TF and at follow-up. The means, standard deviation and the Wilks' Lambda for each of the SDQ subscales are shown in Table 31.

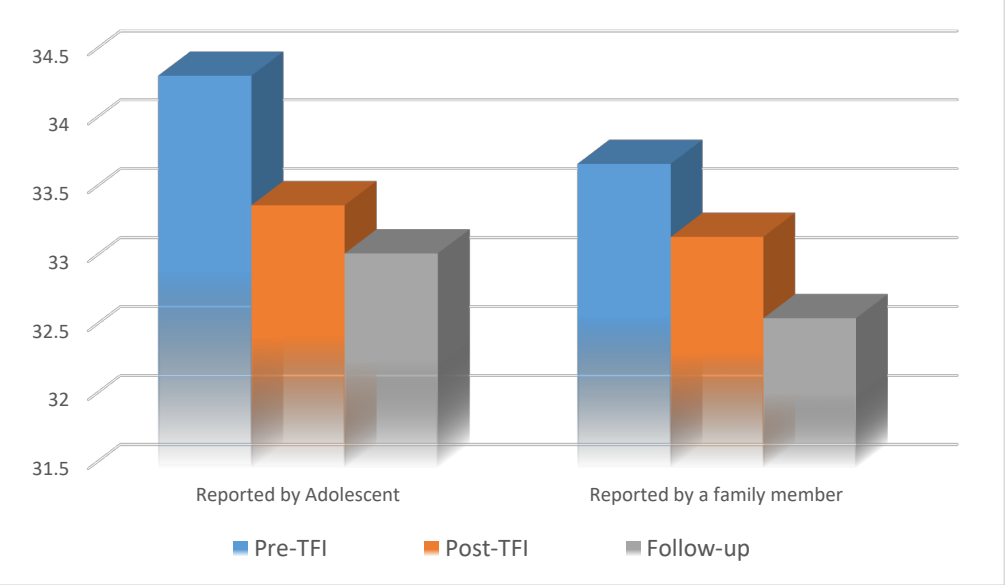
Table 31: Adolescent's mental health difficulties (using SDQ) as reported by a family member

SDQ	Pre-Intervention Mean (SD)	Post-Intervention Mean (SD)	Follow-up assessment Mean (SD)	Wilks' Lambda	F	Post-hoc comparison (p < 0.05)
Emotional symptoms	3.72 (2.74)	4.17 (2.62)	2.17 (1.86)	.59	5.66*	T1 > T3 T2 > T3
Conduct problems	2.50 (1.42)	1.56 (1.62)	1.50 (1.29)	.65	4.24*	T1 > T2
Hyperactivity	2.78 (1.86)	2.00 (2.06)	1.50 (1.29)	.69	3.64*	T1 > T3
Peer problems	2.22 (1.92	2.06 (1.51)	1.50 (1.29)	.82	1.00 (ns)	
Total SDQ score	11.22 (5.67)	9.78 (5.52)	6.61 (3.66)	.57	6.08**	T1 > T3

General Family Functioning

Figure 9 shows improvement in family functioning (total scores), as reported by the adolescents and a family member. However, it did not reach a significant level.

Figure 9: General Family Functioning (mean scores)



Note: A higher score indicates poorer family functioning

Life Events

Table 32 shows the mean number of life events experienced by the adolescents and their family member. A one-way repeated measure analysis (ANOVA) indicated a significant time effect for the total life events experienced by the adolescents, Wilks' Lambda = .501, F (2, 15) = 7.47, p = .01. Follow-up comparisons indicated that a pairwise difference between pre-TF and at follow-up was significant, p < .05. There was a significant decrease in the mean number of life events from pre-TF to follow-up.

Data of the family member showed no significant time effect for total life events.

Table 32: Presence of life events among adolescents and a family member

Life events	Pre-TF Mean (SD)	Post-TF Mean (SD)	Follow-up	F	Post-hoc comparison (p < 0.05)
Adolescent	3.65 (3.7)	2.82 (2.9)	1.71 (1.8)	7.47**	T1 > T3
Family member	1.71 (1.6)	1.63 (1.8)	1.94 (2.6)	.97, ns	

Table 33 shows the experience of specific types of life events by the adolescents across the three assessment periods. Two most common life events were "Got in a lot of arguments or fights" and "Had problems with drugs or alcohol".

When analysing the specific type of life event, a significant time effect was found for "Got in a lot of arguments or fights", Wilks' Lambda = .622, F (2, 15) = 4.56, p = .02. Significant time effect was also found for "Had problems with drugs or alcohol", Wilks' Lambda = .647, F (2, 15) = 4.09, p = .03. For these two life events, follow-up comparisons indicated that a pairwise difference between pre-TF and at follow-up was significant, p < .05, indicating that there was a significant decrease in life events from pre-TF to follow-up.

Table 33: Presence of life events among adolescents

	Pre-TF N (%)	Post-TF N (%)	Follow-up N (%)
• Got in a lot of arguments or fights.	9 (47.4)	7 (36.8)	2 (10.5)
• Had problems with drugs or alcohol.	9 (47.4)	3 (15.8)	1 (5.3)
• Left home or moved away.	1 (5.3)	3 (15.8)	0
• Important possession stolen.	3 (15.8)	6 (31.6)	3 (15.8)
• Got in car or bike accident.	4 (21.1)	6 (31.6)	2 (10.5)
• Was a victim of violence	1 (5.3)	1 (5.3)	1 (5.3)
• Was arrested or got in trouble with the law.	2 (10.5)	0	1 (5.3)
• Lost job or finances got worse.	1 (5.3)	1 (5.3)	1 (5.3)
• Got divorced, separated or broke up with girl/boyfriend.	2 (10.5)	2 (10.5)	3 (15.8)
• Had an illness requiring hospitalization.	2 (10.5)	3 (15.8)	1 (5.3)
• Visited a Mental Health Service for a psychological problem.	1 (5.3)	0	0
• Taken any medication for a psychological problem	2 (10.5)	1 (5.3)	0
• Drop-out of school/lost of job	6 (31.6)	7 (36.8)	4 (21.1)
• Loss of significant others	3 (15.8)	3 (15.8)	2 (10.5)
• Feeling estrange or lost/being aloner	0	2 (10.5)	0
• Felling under threat	5 (26.3)	4 (21.1)	2 (10.5)
• Family crisis	1 (5.3)	0	2 (10.5)
• Having an “in- or out-group” issues	1 (5.3)	1 (5.3)	0
• Identity problems	2 (10.5)	0	0
• Being bullied	1 (5.3)	0	0
• Toxic relationship	3 (15.8)	1 (5.3)	3 (15.8)
• Failing to achieve aspiration	2 (10.5)	1 (5.3)	0
• Societal discrimination or injustice	4 (21.1)	1 (5.3)	0
• Feeling insignificant/put aside/ignored	1 (5.3)	1 (5.3)	0
• Other (specify)	0	0	0

STUDY 5

Aims: The main aim of Study 5 was to explore parent/family member's rating that their participation in Treatnet Family would cause changes in adolescent's:

- substance consumption and drug-related problems
- mental health problems
- improving family interaction

Method: The parent or a family member were asked to complete five questionnaires before and after the intervention, and at a follow-up period (i.e., approximately 1 months after completing the intervention).

Questionnaires

Family Assessment Device (FAD; Epstein et al., 1983) was used to measure the family's ability to resolve problems at a level that maintains effective family functioning, from the parent's perspective. The FAD utilises a 4-point Likert scale, with answer choices "strongly agree," "agree," "disagree," and "strongly disagree." Answers are coded 1 - 4 with higher scores indicate more problematic functioning. See Appendix 18.

Parent version of the Strengths and Difficulties Questionnaire (SDQ-P; Goodman, 2001) was used to measure parent's perspective of their children's positive and negative attributes. It contains 25 items which can be divided into five subscales: emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial behaviour. Each of these subscales has 5 items. These items are scored on a 3 point Likert scale, ranging from 0 (not true) to 2 (certainly true). See Appendix 19.

General Health Questionnaire (GHQ12; Werneke et al., 2000) was used to measure depression, anxiety, somatic symptoms, feelings of incompetence, difficulty in coping and sleep disturbance. See Appendix 20.

Sociodemographic scale was used to measure basic sociodemographic information (e.g., age, gender, employment status, living arrangement), number of people in the household, and experience of life events in the last 12 months. See Appendix 21.

Interview:

The parent or a family member was interviewed about their experience with Treatnet Family at the end of the intervention. See Appendix 22.

Results (Study 5)

Parental/Family member's psychological distress

A one-way repeated measure analysis (ANOVA) indicated no significant time effect for the parental/family member's psychological wellbeing, Wilks' Lambda = .82, F (2, 15) = 1.68, p = .22.

Table 34 shows that feeling "Under stress", "Thinking of self as worthless", and "Feeling unhappy and depressed" are among the most common psychological distress, with high mean.

Table 34: Parental/Family member's psychological distress

	Pre-TF Mean (SD)	Post-TF Mean (SD)	Follow-up Mean (SD)
• Able to concentrate	.74 (.56)	.47 (.51)	.82 (.73)
• Lost much sleep	2.32 (1.11)	2.11 (1.05)	2.59 (.87)
• Playing a useful part	.68 (.67)	.79 (.79)	.88 (.69)
• Capable of making decisions	1.05 (.41)	1.00 (.88)	.82 (.64)
• Under stress	2.89 (.46)	2.32 (1.06)	2.59 (1.00)
• Could not overcome difficulties	2.63 (.68)	2.42 (1.02)	2.71 (.77)
• Enjoy your day-to-day activities	.79 (.42)	.79 (.71)	.71 (.47)
• Face up to problems	.63 (.68)	.79 (.63)	.71 (.47)
• Feeling unhappy and depressed	2.53 (.91)	2.53 (.84)	2.94 (.24)
• Losing confidence	2.74 (.81)	2.79 (.71)	2.88 (.49)
• Thinking of self as worthless	2.89 (.46)	2.89 (.32)	2.76 (.49)
• Feeling reasonably happy	.42 (.51)	.68 (.75)	.53 (.51)

Results in relation to parent/family member's report on family function and their perception of adolescent's mental health have been described in Study 4.

Acceptability of Treatnet Family (Interview with practitioners)

Would you recommend your colleagues to be trained in Treatnet Family?
All practitioners said that they would recommend their colleagues to take part in the Treatnet Family training because they felt that the skills are applicable to adolescents and their families to improve communication within the family and to accept and understand each another. Practitioners felt that the skills and techniques taught can be useful for their own lives.

What aspects of the Treatnet Family worked best? In what ways did these works?
Most of the practitioners reported that core skills and strategies in conducting Treatnet Family, such as positive reframing, genogram, and social atom, are very useful during sessions. Those skills and strategies helped them and their clients develop positive interactions. Practitioners also used these skills to help family members identify their conflicts and to use these newly acquired skills to overcome those conflicts.

The use of role plays during the training gave practitioners the basic foundation in implementing the core Treatnet Family skills during sessions. They also mentioned that support from supervisors throughout Treatnet Family gave them insights and confidence to implement core skills to specific cases on each client. Some other practitioners thought that booster training was more helpful compared to the initial training because practitioners can evaluate how previous sessions were conducted and used that experience in improving the way in which they apply each core skills to the specific cases. Other practitioners reported that they learned about how to implement Treatnet Family skills in each session of the Treatnet Family sessions because each session has its own dynamic. Learning about core skills by doing it directly during each session and to do self-evaluation after each session gave them insights to improve the implementation during next sessions.

What aspects of the Treatnet Family didn't work well? In what ways didn't these works?
Some practitioners reported that it was hard to complete the session at a given time frame/ duration in accordance with the manual because some clients have more complex issues so they need longer sessions. They also thought that some clients need more than 6 sessions because practitioners need more time to conduct the engagement phase so that clients could be more open to practitioners.

Some practitioners considered the language used in the Treatnet Family manual/module is too formal and difficult to understand. It is also too long so that it was really handy when practitioners need to refer back to the module.

In addition, practitioners would love to receive more intense and frequent support from supervisors. Practitioners mentioned that they need more time to share their cases with supervisors and need more guidance from the supervisors.

In what ways do you think the adolescents and their family benefit from Treatnet Family? Do you perceive any changes in drug use?

Practitioners observed a lot of improvements in adolescents and their families. One of the improvements is behavioral changes in adolescents. Practitioners reported that adolescents are able to limit their time to engage in late-night hang out with their friends. They also spent more time with their families at home, slept early, came to school on time, and no longer skipped classes. Adolescents were better able to choose their circle of friends, refused those who persuaded them to consume drugs, and successfully managed to distract themselves from the desire to consume drugs again.

One practitioner also reported that one of the adolescents was no longer involved in violence. According to an adolescent's parent, based on teacher's report, the adolescent's involvement in student riots significantly decreased.

Parents practice a balance of controlling adolescent's circle of friends on the one hand, and in developing a close and warm relationship with their child. The latter gave parents the opportunity to better understand their child's situation and perspective. At the same time, the adolescents reported being more comfortable at home and spent more time with their parents. They also felt more comfortable sharing their stories and expressed their feelings and expectations to their parents. They had a better understanding of their parents' expectations and in the way they expressed their love to them.

These behavioral changes observed in adolescents are believed to have been attributed to better communication skills within their families. Adolescents and their families communicated more openly.

What attracts families to services?

Concerns about adolescents' involvement in drug use and the hope to restore their psychosocial functioning are the most foundational reason that attracts families to drug use disorder treatment services. Because they have needs to improve the life and wellbeing of their children, they were grateful that somebody was willing to help the family improve their communication and together they try to find the solution. However, in some families they participated in the Treatnet Family because of a school's referral which they could not refuse.

A welcoming attitude from practitioners, warm atmospheres, as well as practitioners' confidence in delivering Treatnet Family to families are also important to give good impression about practitioners' qualification and secure feeling among families to join Treatnet Family.

Furthermore, information about free-of-charge service and adjustment of service hours to families' availability would help to reduce their concerns about time and cost of services.

What helps to stay in the intervention?

Warm atmosphere and trust are the most frequently reported factors that help the adolescents and their family stay in the intervention. Those factors give comfort to them during the intervention and motivate them to stay in the intervention. Adolescents and their family stayed in the sessions because they learned the benefits of the intervention such as having a safe place and having someone they can trust and talk to. They also had needs for information and someone to explain it to them. In other cases, there are other adolescents and their family who were motivated to complete the intervention after seeing progress shown by other clients.

What recommendations do you have for improving Treatnet Family?

Recommendations to improve Treatnet Family could be categorised into two main areas:
(a) **Treatnet Family training:** To reduce the language barrier during training, it was suggested that the facilitators should be able to speak Bahasa Indonesia. Some practitioners suggested the need to provide a longer training (i.e., longer than 5 days) or have a booster training to retain and refresh the Treatnet Family skills that they have learnt.

(b) **Treatnet Family material:** Some practitioners suggested that the Treatnet Family manual should be simplified (easy to use). Guidelines or tips on dealing with the clients who drop out, or the way to deal with clients who need more than the suggested six sessions.

(c) **Sharing:** Case conference was considered to be one of the best way to improve their clinical skills, as it enables practitioners to share their experience in using Treatnet Family.

(d) **Cultural adaptation:** Specific strategies and approach in the Treatnet Family need to be adapted to family values or belief in Indonesia.

(e) **Scaling up Treatnet Family** at province and national level so that more adolescents with SUD and their families could benefit from Treatnet Family. This will also enable the practitioners to work with a diversified group of clients (e.g., diverse socioeconomic status, level of education, age, sex, etc.) to enrich their experience and competence in handling clients with different backgrounds and characteristics.

Acceptability of Treatnet Family (Interview with the Adolescents)

The skills that the adolescents reported as most useful for themselves and for their relationship with their parents include communication and listening skills, interpersonal skills, and self-regulation skills. These skills consequently brought happiness and positive feelings for them because it facilitated beneficial activities that they needed, such as interaction with parents, hanging out and sharing thoughts with friends, having a safe and trustworthy place to share some personal thoughts. They reported limited communication and chances to share their personal thoughts before the program, thus they were happy to have the opportunity to experience those in a structured and safe setting.

Moreover, they are able to adopt the activities and skills they learnt in Treatnet Family into their daily lives at home and helped them to build new positive habits in themselves and their relation with members of family which in turn made them feel positive emotions. They reported personal changes on late-night hangouts, truancy, substance use, laziness, indiscipline and involvement with deviant peer groups.

The adolescents recalled learning about detrimental effects of drugs. Knowing this information helped them have negative attitudes toward drugs and peers who are affiliated with substance use. After attending Treatnet Family sessions, many of them avoided such peer groups and refused their invitation to hang out. Instead, they diverted their energy to studying, exercising and interacting with new peer groups who did not consume substance.

All the adolescents were willing to recommend the Treatnet Family to other adolescents with drug use problems and their families. Some of them felt inspired by and thankful for the practitioners for bringing positive changes on themselves and their families. Some of them felt obliged to share positive experiences from the program because they wanted to see others make positive transformation like themselves, especially if they are close friends.

Some of the reasons why they thought some people might not want to participate in Treatnet Family include the fear of being jailed, being “exposed” as someone who has drug problems, revealed, punished by parents, disappointing parents, and being stigmatised. Factors that would influence adolescent’s willingness to participate in Treatnet Family include self-motivation to change.

Acceptability of Treatnet Family (Interview with a Family Member)

The families enjoyed their participation in the Treatnet Family where they could learn about the skills that they need to build positive and supportive relationships with their children. The parents observed some positive changes such as willingness to spend time with them, being more obedient to them, had better communication (e.g., asking permission from their parents before going somewhere), helpful with chores, studied harder, showed changes in their sleeping pattern, and changed in late-night hang out habits. Throughout the Treatnet Family sessions, they reported having closer relationships with their children. Some families felt more comfortable to engage in deep conversation with their children. Other families also mentioned that they were happy to have had the opportunity to attend the Treatnet Family sessions because it enabled them to be together with their child during sessions as well as during the commute to and from the intervention centres.

The most important skills and knowledge gained from Treatnet Family included communication skills (i.e., listening more to their child, expressing concern, hope, feeling in a more open manner), parenting skills (i.e., improve child's personal discipline, avoid being judgemental of their child, put trust and encourage their child to be responsible of their role). The newly learnt skills and knowledge were used to:

- build conversation with their children at home (e.g., talked about how the day was, feelings, hope and concerns and offered suggestions to their children's situation),
- create time for shared activities (e.g., by doing chores together, having family dinner, or simply watching TV together once, twice or three times every week), and
- agree on house rules (e.g., studying time, free time to hang out with friends, curfew and time to sleep).

Besides being satisfied with the positive changes they observed in their child, they found talking to practitioners rewarding. They considered the practitioners as caring toward them and their families; some mentioned that they felt like they have found a new family member. They enjoyed the assistance, guidance, suggestions, relevant information related to drug use and recovery process given by practitioners throughout Treatnet Family.

With these positive experiences, they reported no reservations to recommend other families with drug use problems to participate in Treatnet Family, especially those who lived in their neighbourhood. Some parents felt happy to share and the others felt responsible to help other families with the same problem. Few families thought that they would gain more trust from their neighbours because they had the experience in Treatnet Family and are available to provide reliable information about Treatnet Family. Some of the reasons why people might be hesitatant to join Treatnet Family is the negative connotated image and perception of having to deal with drug use in their family by their neighbours.

Dissemination

The preliminary findings of Treatnet Family were presented at theat the 63rd Session of the Commission on Narcotic Drugs in Vienna on March 3, 2020 at the side event “Engaging families and communities in drug use disorder treatment”.

Photo 11: At the 63rd Session of the Commission on Narcotic Drugs

Treatnet Family results were also shared in Bahasa with counterparts in Indonesia in a dedicated event at the end of 2020.

It is planned to disseminate the final findings in several outlets including in theme-relevant academic conferences and in a special issue of the Addictive Behavior Reports.

Summary of Main Findings

This is the first study undertaken to explore the feasibility of Treatnet Family and its integration in daily practice in a low resource community setting, as well as to explore its potential for reducing adolescent SUDs and substance-related activities. The practitioners received a 5-day training in Treatnet Family from three international experts in family therapy.

- The overall experience in the Treatnet Family training was positive and all practitioners reported that the training has enhanced their skills in working with adolescents and their family.

- Most practitioners reported that they have confidence in conducting Treatnet Family.

- Practitioner's attitudes toward adoption of evidence-based practices did not differ significantly by gender, age, academic achievement, and experience level.

- According to the supervisor's observation of a Treatnet Family session, all the practitioners covered the Treatnet Family core skills. Skills that the practitioners commonly used were positive reframing, positive relational reframing and perspective talking.

- The session was evaluated by the supervisor as a success in terms of the quality in which the practitioner carried out the session.

- The level of agreement between practitioner's and supervisor's rating on the practitioner's use of specific therapeutic skills was high.

- Adolescent's alcohol consumption significantly decreased from Pre-TF to Follow-up.

- The number of adolescents who smoked cigarettes, consumed marijuana and amphetamine showed a reduction from pre- to post-TF and at follow-up, however, this decrease did not reach any significant difference across time.

- There was a general trend of reduction in adolescent's alcohol- and drug-related activities (total scores), however, this decrease did not reach any significant level.
  On specific alcohol- and drug-related problems, significant improvement was found for "Ridden in a car or other vehicle driven by someone who had been drinking alcohol or using drugs" following the intervention.

- Participating in Treatnet Family also led to significant changes in adolescent's involvement with friends who were involved with specific antisocial behaviour:
  - skipped school a lot without permission
  - drink alcohol/miras fairly regularly
  - have been violent

- The parent/family member observed positive changes in the adolescents such as willingness to spend time with them, being more obedient to them, had better communication (e.g., asking permission from their parents before going somewhere), helpful with chores, studied harder, showed changes in their sleeping pattern, and changed in late-night hang out habits.

- Adolescent's mental health problems (based on parental report) decreased significantly from pre- to follow-up assessment periods.

- There was a slight improvement (not significant) in family functioning (total scores), as reported by the adolescents and a family member.

- There was a significant decrease in the mean number of life events experienced by adolescents from pre-TF to follow-up.

- Parent's/family member's psychological distress level did not significantly differ across time. Feeling "Under stress", "Thinking of self as worthless", and "Feeling unhappy and depressed" were among the most common psychological distress.

- Treatnet Family's acceptability was high. All practitioners, adolescents and their families would recommend Treatnet Family to their colleagues and friends. The families enjoyed their participation in the Treatnet Family where they could learn about the skills that they need to build positive and supportive relationships with their children.

Strengths and Limitations

A major strength of this study was the used of a manualised program (Treatnet Family TF) that has proved to be feasible and acceptable when delivered by practitioners in a routine intervention centres. The fidelity was good. It has significant impact in reducing substance use and some of substance-related activities. However, our study does have a number of methodological limitations.

Firstly, this was an open trial and because of funding duration, the follow-up period was limited to one month after the intervention. Secondly, we relied on adolescent- and parent-completed self-report measures and did not undertake any diagnostic interviews. Thirdly, we had a small sample size and almost all of them were males. Fouthly, the drop-out rate was high. Due to the movement restriction because of Covid-19 pandemic, the number of participants who could not be contacted at the follow-up assessment was much higher than expected.

Research Recommendations

Our study raises a number of questions for future research.

- The effectiveness of the Treatnet Family needs to be investigated using Randomized Control Trial (RCT) approach and with more ethnically diverse and socio-economically disadvantaged adolescents.

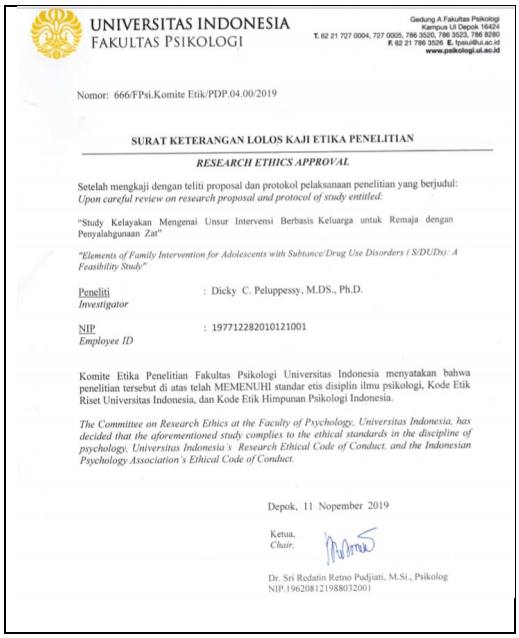
- Future studies need to identify factors which are associated with adolescent's motivation to complete the intervention and factors which are associated with drop-out. The role of comorbid disorders, and the severity and chronicity of SUDs in the treatment outcome should also be investigated.

- The effect of Treatnet Family on a wide range of psychosocial functioning and academic outcomes needs to be investigated.

- Studies need to have a larger sample size with longer follow-up which will enable the analysis of differences in long-term treatment efficacy or maintenance of treatment gains.

- Although one of the aims of Treatnet Family is to improve family functioning, the Family Assistance Device (FAD) did not show any significant difference across time which was inconsistent to parent's report regarding positive changes they observed in the adolescents. FAD was developed in an individualistic culture, although it has been used in Indonesia. Further studies should use measures that are culture-specific and covers behaviour that are common within the cultural context.

Appendix 0: Ethical Approvals



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Nomor: 666/FPsi.Komite Etik/PDP.04.00/2019

SURAT KETERANGAN LOLOS KAJI ETIKA PENELITIAN

RESEARCH ETHICS APPROVAL

Setelah mengkaji dengan teliti proposal dan protokol pelaksanaan penelitian yang berjudul:
Upon careful review on research proposal and protocol of study entitled:

"Study Kelayakan Mengenai Unsur Intervensi Berbasis Keluarga untuk Remaja dengan Penyalahgunaan Zat"

"Elements of Family Intervention for Adolescents with Subtance/Drug Use Disorders (S/DUDs): A Feasibility Study"

Peneliti : Dicky C. Peluppessy, M.DS., Ph.D.
Investigator

NIP : 197712282010121001
Employee ID

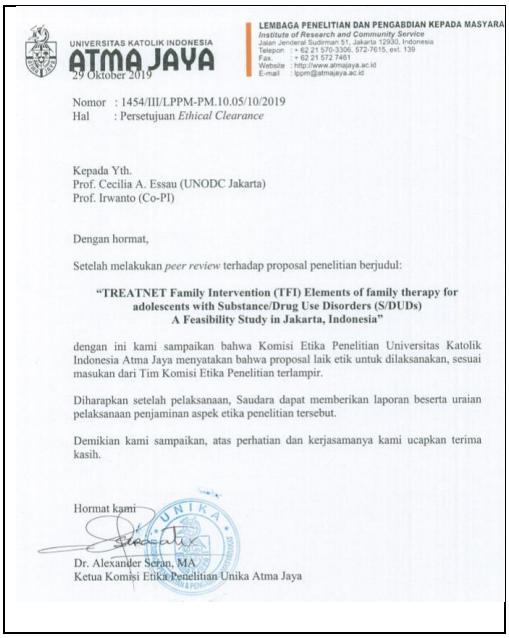
Komite Etika Penelitian Fakultas Psikologi Universitas Indonesia menyatakan bahwa penelitian tersebut di atas telah MEMENUHI standar etis disiplin ilmu psikologi, Kode Etik Riset Universitas Indonesia, dan Kode Etik Himpunan Psikologi Indonesia.

The Committee on Research Ethics at the Faculty of Psychology, Universitas Indonesia, has decided that the aforementioned study complies to the ethical standards in the discipline of psychology, Universitas Indonesia's Research Ethical Code of Conduct, and the Indonesian Psychology Association's Ethical Code of Conduct.

Depok, 11 Nopember 2019

Ketua,
Chair,

Dr. Sri Redatin Retno Pudjiati, M.Si., Psikolog
NIP.196208121988032001



UNIVERSITAS KATOLIK INDONESIA
ATMA JAYA

LEMBAGA PENELITIAN DAN PENGABDIAN KEPADA MASYARAKAT
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29 Oktober 2019

Nomor : 1454/III/LPPM-PM.10.05/10/2019
Hal : Persetujuan *Ethical Clearance*

Kepada Yth.
Prof. Cecilia A. Essau (UNODC Jakarta)
Prof. Irwanto (Co-PI)

Dengan hormat,

Setelah melakukan *peer review* terhadap proposal penelitian berjudul:

"TREATNET Family Intervention (TFI) Elements of family therapy for adolescents with Substance/Drug Use Disorders (S/DUDs) A Feasibility Study in Jakarta, Indonesia"

dengan ini kami sampaikan bahwa Komisi Etika Penelitian Universitas Katolik Indonesia Atma Jaya menyatakan bahwa proposal laik etik untuk dilaksanakan, sesuai masukan dari Tim Komisi Etika Penelitian terlampir.

Diharapkan setelah pelaksanaan, Saudara dapat memberikan laporan beserta uraian pelaksanaan penjaminan aspek etika penelitian tersebut.

Demikian kami sampaikan, atas perhatian dan kerjasamanya kami ucapkan terima kasih.

Hormat kami

Dr. Alexander Seran, MA
Ketua Komisi Etika Penelitian Unika Atma Jaya

ASSESSMENT TOOLS FOR STUDIES 1 – 5

Finalising the study protocol in Jakarta (Sept 2019):

Project's PI and the National Research Partners

ASSESSMENT TOOL FOR STUDY 1

Appendix 1: Interview

(in English)

The interview will cover the following questions (Appendix 1):

An example of an opening statement:
Thank you for taking part in our research project. The aim of this research is to find out more about family, health and social problems in your neighbourhood.

1. What is family for you? What is an ideal family for you?

1a. What are common problems affecting families in your neighbourhood?
(Probing: Is drug/violence a problem in your neighbourhood)

2. What do you think of people who take drug? Why do you think people take drug?

2a. Is it acceptable for adolescents to take drug?

3. Where do people with drug problems get help? Do they seek treatment? If not, what are the reasons why they don't seek (or receive) treatment?

4. Is organised gang (violent crime/extremism) a common problem in your area/neighbourhood? Why do you think adolescents are involved in organised gang/crime? *(Probing: Do you think drug use play a role?)*

5. What is the role of the family in the treatment of drug use disorder and in recovery?

Note:
This interview is to be conducted by a member of the NRP.

Appendix 1a: Panduan Wawancara untuk Praktisi dan Anggota Komunitas
(Bahasa Indonesia)

Delapan orang dewasa akan diwawancara secara individu, dengan durasi masing-masing 30-45 menit.

Contoh pernyataan pembuka:
Terima kasih telah bersedia untuk ikut serta dalam proyek penelitian kami. Tujuan dari penelitian ini adalah untuk mengetahui lebih dalam mengenai keluarga serta masalah kesehatan dan sosial yang ada di lingkungan tempat tinggal Anda.

Wawancara akan mencakup pertanyaan-pertanyaan berikut ini:

1. Apa arti atau makna keluarga bagi Anda? Apa makna keluarga yang ideal bagi Anda?
    a. Apa masalah di lingkungan tempat tinggal Anda yang biasanya mempengaruhi keluarga Anda? Apakah ada masalah sosial dan kesehatan, seperti penggunaan narkoba atau tindak kekerasan yang terjadi di lingkungan Anda?

2. Apa pendapat Anda tentang orang yang mengonsumsi narkoba? Menurut Anda, mengapa orang mengonsumsi narkoba?
    a. Apakah remaja yang mengonsumsi narkoba dapat diterima di lingkungan masyarakat tempat Anda tinggal? Mengapa?

3. Dimana biasanya orang-orang dengan masalah penggunaan narkoba mendapat bantuan? Apakah mereka mencari bantuan?
    a. Jika ya, apa biasanya hal yang mendorong mereka untuk mencari bantuan?
    b. Jika tidak, apa yang biasanya membuat mereka tidak mencari atau mendapatkan bantuan?

4. Apakah geng atau kelompok terorganisir (seperti kelompok tindak kriminal/kekerasan/ekstremisme) merupakan masalah yang ada di lingkungan Anda?
    a. Apakah remaja di lingkungan Anda terlibat dalam kelompok terorganisir tersebut? Mengapa?
    b. Apakah penggunaan narkoba juga bisa menjadi faktor keikutsertaan seseorang pada kelompok tersebut?

5. Apa peran dari keluarga dalam perawatan dan pemulihan seseorang dengan penyalahgunaan narkoba?

Appenndix 1.1: Sociodemographic Information
(English)

Age:

Gender:

North/East Jakarta:

Occupation:

Family member (or own) with drug use?

Highest Education level:

Family monthly spending:

___ Above 10 million ___ 6 – 10 million

___ 3 – 5 million ___ Below 3 million

Marital status: _____

___ Divorced ___ Married ___ Single

___ Separated ___ Widowed

Appendix 1.1: Informasi Sosiodemografis
(Bahasa Indonesia)

Usia (dalam tahun): _____

Jenis Kelamin: _____

Domisili: Jakarta Utara / Jakarta Timur (coret salah satu)

Pekerjaan saat ini: _____

Apakah Anda atau anggota keluarga Anda memiliki riwayat penggunaan narkoba?

___Ya ___Tidak

Pendidikan terakhir: _____

Pengeluaran keluarga per bulan:

___Di atas Rp10.000.000,00 ___Rp3.000.000,00 - Rp5.999.999,00

___Rp6.000.000,00 - Rp10.000.000,00 ___Di bawah Rp3.000.000,00

Status pernikahan:

___Lajang ___Cerai Hidup

___Menikah ___Cerai Mati

___Berpisah

ASSESSMENT TOOLS FOR STUDY 2

Appendix 2: Training Feedback Scale

(English)

1. How much did the TF workshop enhance your skills in working with adolescents and their family?

___A Lot	___Some	___A little	___Nothing at all

2. How much did you learn about the following family therapy core skills?

	A Lot	Some	A Little	Nothing at All
Reframes				
Relational reframes				
Perspective taking				
Relational questions				
Going with resistance				

Practitioner: Sociodemographic Information

Gender: _____

Age (in years): _____

Number of years working with young people: _____

Your main occupation: _____

Highest education level: _____

Specialized training in child development: ___ Yes ___ No

Specialized training in addiction: ___ Yes ___ No

Do you have a history of drug using? ___ Yes ___ No

Do you have any family issues that could have an impact on your current work with families?

___ Yes ___ No

IF YES, please contact the local supervisor (contact detail:…….)

Appendix 2a: Umpan Balik terhadap Pelatihan TF (TreatNet Family) bagi Praktisi
(Bahasa Indonesia)

Seberapa besar pelatihan TF (TreatNet Family) meningkatkan keterampilan Anda dalam bekerja dengan remaja dan keluarganya?
___Besar ___Cukup Besar___Sedikit ___Tidak Ada Sama Sekali

Seberapa besar Anda mempelajari keterampilan inti dari terapi keluarga berikut ini?

	Besar	Cukup Besar	Sedikit	Tidak Ada Sama Sekali
Penataan Ulang (*Reframes*)				
Penataan Ulang Pola Hubungan Keluarga (*Relational Reframes*)				
Memahami Perspektif Anggota Keluarga (*Perspective Taking*)				
Pertanyaan Mengenai Hubungan Anggota Keluarga				
Menangani Klien yang Resisten				

Informasi Sosiodemografik Praktisi

Jenis Kelamin: _____

Usia (dalam tahun): _____

Lama Pengalaman Bekerja dengan Remaja (dalam tahun) : _____

Pekerjaan Utama: _____

Pendidikan Terakhir: _____

Apakah Anda pernah mengikuti pelatihan mengenai perkembangan anak? __Ya __Tidak

Apakah Anda pernah mengikuti pelatihan mengenai adiksi? __Ya __Tidak

Apakah Anda memiliki riwayat penggunaan narkoba? __Ya __Tidak

Apakah Anda memiliki isu di dalam keluarga yang mungkin mempengaruhi pekerjaan Anda terkait intervensi keluarga saat ini? __Ya __Tidak

Jika Anda menjawab Ya, silakan menghubungi Supervisor Anda, yaitu _____

Appendix 3: Evidence-Based Practice Attitude Scale

(English)

The following questions ask about your feelings about using new types of therapy, interventions, or treatments. Manualized therapy refers to any intervention that has specific guidelines and/or components that are outlined in a manual and/or that are to be followed in a structured/predetermined way.

Fill in the circle indicating the extent to which you agree with each item using the following scale:

0 = Not at All
1 = To a Slight Extent
2 = To a Moderate Extent
3 = To a Great Extent
4 = To a Very Great Extent

1. I like to use new types of therapy/ interventions to help my clients	0	1	2	3	4
2. I am willing to try new types of therapy/ interventions even if I have to follow a treatment manual	0	1	2	3	4
3. I know better than academic researchers how to care for my clients	0	1	2	3	4
4. I am willing to use new and different types of therapy/interventions developed by researchers	0	1	2	3	4
5. Research based treatments/interventions are not clinically useful	0	1	2	3	4
6. Clinical experience is more important than using manualized therapy/treatment	0	1	2	3	4
7. I would not use manualized therapy/ interventions	0	1	2	3	4
8. I would try a new therapy/intervention even if it were very different from what I am used to doing	0	1	2	3	4

For questions 9-15: Now that you have received training in using TF (which was new to you), how likely would you be to adopt it if:

0 = Not at All
1 = To a Slight Extent
2 = To a Moderate Extent
3 = To a Great Extent
4 = To a Very Great Extent

9. It was intuitively appealing?	0	1	2	3	4
10. It “made sense” to you?	0	1	2	3	4
11. It was required by your supervisor?	0	1	2	3	4
12. It was required by your agency?	0	1	2	3	4
13. It was required by your state?	0	1	2	3	4
14. It was being used by colleagues who were happy with it?	0	1	2	3	4
15. You felt you had enough training to use it correctly?	0	1	2	3	4

Appendix 3a: Skala Sikap Praktik Berbasis Bukti

(Bahasa Indonesia)

Pertanyaan di bawah ini menanyakan perasaan Anda dalam menggunakan beberapa tipe terapi, intervensi, atau perlakuan baru. Terapi dengan manual merujuk pada setiap intervensi yang memiliki pedoman spesifik dan/atau komponen-komponen yang dirangkum dalam sebuah manual dan/atau diikuti dengan cara-cara yang terstruktur.

Isi lingkaran yang mewakili seberapa jauh Anda setuju dengan setiap pernyataan dengan menggunakan skala di bawah ini:
0 = Tidak setuju sama sekali
1 = Agak setuju
2 = Cukup setuju
3 = Setuju
4 = Sangat Setuju

1. Saya suka menggunakan tipe terapi/intervensi baru untuk menolong klien saya	0	1	2	3	4
2. Saya mau mencoba tipe terapi/intervensi baru meskipun saya harus mengikuti pedoman perlakuannya	0	1	2	3	4
3. Saya lebih mengetahui daripada peneliti akademis tentang bagaimana merawat klien saya	0	1	2	3	4
4. Saya mau menggunakan tipe terapi/intervensi baru yang dikembangkan peneliti	0	1	2	3	4
5. Perlakuan/intervensi yang didasarkan pada penelitian tidak berguna dalam praktiknya	0	1	2	3	4
6. Pengalaman praktik lebih penting daripada perlakuan/terapi yang memiliki pedoman	0	1	2	3	4
7. Saya tidak akan menggunakan terapi/intervensi yang memiliki pedoman	0	1	2	3	4
8. Saya mau mencoba terapi/intervensi baru meskipun sangat berbeda dengan apa yang saya biasa gunakan	0	1	2	3	4

Untuk pertanyaan 9-15: Sekarang Anda sudah menerima pelatihan dalam menggunakan TF (yang merupakan hal baru untuk Anda), seberapa mungkin Anda akan mengadopsi ini jika:

9. Anda merasa ini menarik?	0	1	2	3	4
10. Ini “masuk akal” untuk Anda?	0	1	2	3	4
11. Ini diwajibkan oleh atasan Anda?	0	1	2	3	4
12. Ini diwajibkan oleh lembaga Anda?	0	1	2	3	4
13. Ini diwajibkan oleh pemerintah daerah Anda?	0	1	2	3	4
14. Ini digunakan oleh rekan Anda yang senang dengan hal ini?	0	1	2	3	4
15. Anda merasa Anda telah memiliki pelatihan yang cukup untuk menggunakannya secara benar?	0	1	2	3	4

Appendix 4: Self-Efficacy Scale
(English)

Please read the questions carefully and place a tick in the box which best reflects your answer.

a) My current level of experience in facilitating group programme with young people is:

___Extremely high ___Very high ___Quite high ___Somewhat limited

___Extremely limited

b) My perceived level of ability in facilitating group programs with young people would be:

___Extremely high ___Very high ___Quite high ___Somewhat limited

___Extremely limited

c) How confident are you right now that you have the necessary level of knowledge needed to prevent mental health problems in young people using TF?

___Extremely confident ___Very confident ___Moderately confident

___Slightly confident ___ Not at all confident

d) How confident are you right now that you have the necessary skills to competently run the UNFT in your setting?

___Extremely confident ___Very confident ___Moderately confident

___Slightly confident ___ Not at all confident

Appendix 4a: Skala Efikasi Diri
(Bahasa Indonesia)

Mohon baca pertanyaan-pertanyaan ini dengan seksama dan letakkan tanda centang di kotak yang mewakili jawaban yang paling menggambarkan Anda.

a) Tingkat pengalaman saya saat ini dalam memimpin jalannya program kelompok dengan anak muda adalah:

___Luar biasa tinggi ___Sangat tinggi ___Cukup tinggi ___Agak terbatas
___Luar biasa terbatas

b) Tingkat kemampuan yang saya persepsikan dalam memimpin jalannya program kelompok dengan anak muda cenderung:

___Luar biasa tinggi ___Sangat tinggi ___Cukup tinggi ___Agak terbatas
___Luar biasa terbatas

c) Seberapa percaya diri Anda saat ini dengan tingkat pengetahuan yang Anda punya untuk mencegah permasalahan kesehatan mental pada anak muda dengan menggunakan TF?

___Luar biasa percaya diri ___Sangat percaya diri ___Cukup percaya diri

___Agak percaya diri ___Tidak percaya diri

d) Seberapa yakin Anda sekarang bahwa Anda memiliki keterampilan yang diperlukan untuk secara kompeten menjalankan TF dalam lingkungan (pekerjaan) Anda?

___Luar biasa yakin ___Sangat yakin ___Cukup yakin ___Agak yakin
___Tidak yakin

Appendix 5: Post-training Interview
(English)

The interview will cover the following questions:

- What was your overall experience of the training?

- How practical do you think this intervention is?

- To what extent and in what way do you expect this knowledge to be useful at work?

- How would TF programme benefit the adolescents and their families, and the society at large?

- What are the barriers and facilitators for implementing TF in your organization?

Appendix 5a: Panduan Wawancara Pasca-Pelatihan untuk Praktisi

(Bahasa Indonesia)

Wawancara ini akan dilaksanakan dengan praktisi untuk mengeksplorasi pengalaman mereka terkait pelatihan TF dan nilai-nilai yang mereka persepsikan dari pelatihan tersebut di dalam penyelenggaraan layanan konseling.

Wawancara ini akan mencakup beberapa pertanyaan berikut ini:

1. Bagaimana keseluruhan pengalaman pelatihan ini bagi Anda?

2. Menurut Anda, seberapa praktis intervensi ini untuk dilakukan?

3. Seberapa jauh dan dalam hal apa Anda berharap pengetahuan yang Anda dapatkan berguna dalam pekerjaan Anda?

4. Menurut Anda, bagaimana program TF akan berguna bagi remaja dan keluarganya, serta masyarakat luas?

5. Menurut Anda, apa saja hambatan maupun kemudahan dalam menerapkan program TF di organisasi Anda?

ASSESSMENT TOOLS FOR STUDY 3

Questionnaires for Practitioners

Appendix 6: Treatment Integrity Scale & Inventory of Therapy Techniques (ITT)
(English)

** This questionnaire is to be completed by the practitioners after each session with each adolescents and their families**

Session 1:

Therapist Name: _____ Implementation centre: _____

Session Date: _____

Client ID (the first 3 letters of the client's name and year of birth; for example, CAE2000):
____

Session Number: _____

Session Length (how many minutes?): _____minutes

When was this questionnaire completed? (Please check one)

____ Immediately after session ____ Within 1-2 days, before next session

____ Within 1 week, before next session w/case

____ After 1 week, or, after next session w/case, based on case notes

Session Participants: Please write in the number (i.e., 1, 2, 3…) of each type of participant who attended the session.

Adolescent: ____ Parent(s)/Guardian(s): ____

Other family members: ____ Other: ____

Rating of Session Success: Please rate the extent to which you feel today's session was successful.

Not at all: ___ Successful: ___ A little successful: ___

Moderately successful: ___ Very successful: ___ Extremely successful: ___

Appendix 6.1: Inventory of Therapy Techniques (ITT) (for the practitioner to complete)

To be completed by the practitioners after every session with the family

A list of techniques commonly used by therapists treating adolescents with behavior and substance use problems is provided on the back of this sheet. Using the 5-point Likert scale, please indicate the extent to which you used each technique in today's session. Endorse as many or as few as you feel apply. In making your ratings, please consider both the frequency and thoroughness with which you used each technique. For any techniques that you did not use, please circle "1" for "not at all."

Please keep in mind:
1. Many sessions will contain none of the listed techniques.
2. Any technique can be used in any kind of session: individual, family, or group.
3. Two exceptions to #2 above are items 12 and 22 (with *), which require the presence of a family member.

1 = Not at all
2 = A little bit
3 = Moderately
4 = Considerably
5 = Extensively

	1	2	3	4	5
1. Established definite theme or agenda at beginning of session.					
2. Discussed parental monitoring and family rules/caretaking with the adolescent and/or caregiver.					
3. Discussed cravings, triggers, and high-risk situations that lead to current or future use.					
4. Affirmed the client's ability to change problematic behavior and praised change efforts.					
7. Repeated the client's words, paraphrased client statements, or made reflective summary statements back to the client.					
9. Emphasized equality and collaboration in the therapeutic relationship versus "therapist in charge."					
10. Explored client concerns about problematic behavior, readiness to change behavior, and optimism about success.					
12. Arranged, coached, and helped process an in-session family interaction.					
13. Utilized behavioral interventions (e.g., formalized treatment planning, reward systems), or taught relaxation exercises (e.g., meditation).					
14. Taught client new problem-solving, coping, or communication skills (including refusal skills).					

15. Facilitated the client's awareness of discrepancies between current problematic behaviors and future goals.					
16. Explored or confronted the client's denial in relation to drug use or consequences of use.					
17. Helped client develop friends, relationships, and social activities that are non-drug related.					
18. Explored positive and negative effects of substance use and the pros and cons of abstinence.					
19. Worked on enhancing communication and attachment between family members.					
21. Assigned homework and/or reviewed homework from previous session.					
22. Target intervention efforts to deal with relational issues.					
22a. Target intervention efforts to deal with presenting problems in the family.					
23. Worked on client's commitment to a plan for changing problematic behavior, including discussion of impediments to change.					
26. Discussed core relational family themes that underlie everyday events (e.g., love, trust, respect, independence).					

Did you use a genogram in this session? ___ Yes ___ No

Which TF skills in this session did you find the most useful with this family?

_____

Who talked most during this session? _____

Do you observe any unusual events during today's session that will need special attention?

__ No __ Yes

If YES, contact the National Supervisor _____

Appendix 6a: Kuesioner untuk Praktisi Skala Integritas Perawatan dan Inventaris Teknik Terapi
(Bahasa Indonesia)

Kuesioner ini diisi oleh praktisi pada akhir setiap sesi dengan remaja dan keluarganya

Nama Praktisi: _____ Nama Organisasi: _____

Tanggal Sesi: _____

ID Klien (terdiri dari kode organisasi, 3 huruf pertama dari nama remaja dan tahun kelahirannya; misalnya, **UCEN2005**): ____

Kode Organisasi

A : YAN BNN-K Utara : U

K : Karisma BNN-K Timur : T

M : Madani

Sesi ke _____

Durasi Sesi: _____menit

Kapan kuesioner ini diisi? (Silakan ceklis salah satu pilihan yang sesuai di bawah ini)

____ Segera setelah sesi berakhir

____ 1-2 hari setelah sesi berakhir, sebelum sesi berikutnya

____ 3-7 hari setelah sesi berakhir, sebelum sesi berikutnya

karena alasan tertentu, yaitu _____

____ Lebih dari 7 hari setelah sesi berakhir, atau setelah sesi berikutnya

karena alasan tertentu, yaitu _____

Partisipan dalam sesi ini:

Mohon tuliskan jumlah (misalnya 1, 2, 3, …) dari tiap partisipan yang hadir

Remaja (IP): ____ Orang tua / Wali: ____

Anggota keluarga lainnya: ____ Lainnya: ____

Tingkat keberhasilan sesi:

Silakan menilai sejauh mana Anda merasa berhasil mencapai tujuan sesi ini dengan memberi tanda ceklis di depan pilihan yang sesuai di bawah ini

___ Tidak sukses sama sekali ___ Hampir tidak sukses

___ Kurang sukses ___ Cukup sukses

___ Sukses ___ Sangat sukses

Appendix 6.1a:

Di bawah ini terdapat beberapa teknik yang biasanya digunakan oleh praktisi dalam menangani remaja dengan masalah perilaku dan penggunaan zat narkotika. Dengan menggunakan Skala Likert 5 Poin, silakan menilai sejauh mana Anda menggunakan teknik-teknik tersebut di sesi ini dengan cara memberikan tanda silang (x) pada kotak yang disediakan sesuai dengan teknik yang Anda terapkan hari ini. Dalam menilai penggunaan teknik tersebut, mohon perhatikan juga seberapa sering dan menyeluruh Anda menggunakan teknik-teknik tersebut. Mohon perhatikan bahwa tidak semua sesi akan menggunakan seluruh teknik di bawah ini. Jika ada teknik yang tidak Anda gunakan pada sesi ini, silakan beri tanda silang (x) pada pilihan "1" untuk "tidak sama sekali".

Keterangan:
1 = Tidak sama sekali
2 = Kurang digunakan
3 = Cukup digunakan
4 = Sering digunakan
5 = Sangat sering digunakan

	1	2	3	4	5
1. Menetapkan tema atau agenda yang pasti di awal sesi					
2. Membahas pengawasan orang tua dan aturan/pengasuhan keluarga dengan remaja dan/atau pengasuhnya					
3. Mendiskusikan rasa ketagihan, pemicu, dan situasi dengan resiko tinggi yang mengarah pada penggunaan zat saat ini maupun di masa yang akan datang					
4. Memberikan pengakuan pada kemampuan klien untuk mengubah perilaku bermasalah dan memberi pujian terhadap usaha untuk berubah					
7. Mengulang kalimat klien, melakukan parafrase dari pernyataan klien atau membuat rangkuman reflektif kepada klien					
9. Menekankan kesetaraan dan kolaborasi dalam hubungan terapeutik daripada "dominansi praktisi"					
10. Mengeksplorasi kekhawatiran klien mengenai perilaku bermasalah, kesiapan untuk mengubah perilaku, dan optimisme mengenai keberhasilan					
12. Mengatur, melatih, dan membantu proses interaksi keluarga di dalam sesi					
13. Menggunakan intervensi perilaku (misalnya, perencanaan perlakuan formal, sistem *reward* atau penghargaan) atau mengajarkan latihan relaksasi (misalnya, meditasi)					
14. Mengajarkan cara baru untuk pemecahan masalah, penyesuaian diri, atau keterampilan komunikasi kepada klien (termasuk belajar untuk menghadapi atau melakukan penolakan)					

15. Memfasilitasi kesadaran klien akan adanya kesenjangan/perbedaan antara perilaku bermasalah saat ini dan tujuan masa depan					
16. Mengeksplorasi atau konfrontasi penolakan klien (*denial*) mengenai penggunaan narkotika atau akibat-akibatnya					
17. Membantu klien mengembangkan pertemanan, hubungan, dan kegiatan sosial yang tidak berhubungan dengan narkotika					
18. Mengeksplorasi efek positif dan negatif dari penggunaan narkotika serta pro dan kontra dari penghentian penggunaan narkotika					
19. Berusaha meningkatkan komunikasi dan keterdekatan antara anggota keluarga					
21. Memberikan tugas (pekerjaan) rumah dan/atau meninjau/membahas tugas yang diberikan dari sesi sebelumnya					
22a. Menargetkan upaya intervensi untuk menangani masalah relasional					
22b. Menargetkan upaya intervensi untuk menangani masalah yang sedang menjadi perhatian dalam keluarga					
23. Bekerja untuk membangun komitmen klien dalam merencanakan perubahan perilaku bermasalah, termasuk mendiskusikan hambatan untuk berubah					
26. Mendiskusikan tema-tema utama dalam relasi keluarga yang mempengaruhi peristiwa sehari-hari klien (misalnya, cinta, kepercayaan, rasa hormat, kemandirian, dll)					

Apakah Anda menggunakan genogram pada sesi ini? ___Ya ___Tidak

Keterampilan TF mana yang menurut Anda paling bermanfaat bagi remaja dan keluarganya pada sesi ini? _____

Siapa yang paling sering berbicara pada sesi ini? _____

Apakah Anda mengamati peristiwa yang tidak biasa pada sesi ini yang memerlukan perhatian khusus?

__ Tidak __ Ya

Jika Ya, Silakan menghubungi supervisor Anda, yaitu _____

Appendix 7: Fidelity Scale for the national supervisor
(English)

The national supervisor will complete this fidelity measure after observing one random session of the TFT

Supervisor: Observation during the TF session

Date: _____

Implementation centre: _____

Which session/phase did you observe? _____

1. Adolescent Information:

Age: _____ Gender: _____

Which family members were present in this session: _____

2. Did the practitioner cover all the content in this session? _____

If NO, what percentage of the content was covered? _____

3. Did the practitioner use the core TF skills in this session? _____

If YES, Which skills did they use? _____

If NO, Which not? (What made it challenging to use?) _____

4. How interactive was this session?

___Very interactive ___Interactive ___Somewhat interactive ___Not interactive at all

5. How much opportunity did the practitioner give the family members to talk?

___A Lot ___Some ___A little ___Not at all

6. How much opportunity did the practitioner encourage you and your family members to take each other's viewpoint?

___A Lot ___Some ___A little ___Not at all

7. Did the practitioners do any role play or specific activities? _____

8. Who dominated the conversation during this session? _____

9. Among the family members, who talked the most frequent with the practitioners?

_____

Appendix 7a: Skala Kepatuhan, Skala Kualitas Sesi, dan Inventaris Teknik Terapi untuk Supervisor Nasional
(Bahasa Indonesia)

**Supervisor Nasional akan menyelesaikan pengukuran kepatuhan ini setelah mengamati satu sesi TF yang dipilih secara acak **

Skala Kepatuhan: Observasi selama sesi TF

Nama Praktisi: _____ Nama Organisasi: _____

Tanggal Sesi: _____ Sesi ke _____

ID Klien (terdiri dari kode organisasi, 3 huruf pertama dari nama remaja dan tahun kelahirannya; misalnya, **UCEN2005**): ____

Kode Organisasi

A : YAN BNN-K Utara : U

K : Karisma BNN-K Timur : T

M : Madani

1. Informasi remaja
   a. Usia (dalam tahun): _____
   b. Jenis kelamin: _____
   c. Anggota keluarga mana saja yang hadir dalam sesi hari ini?
      _____

2. Apakah praktisi menyelesaikan semua konten dalam sesi hari ini? ___Ya ___Tidak
   Jika tidak, berapa persen konten yang sudah diselesaikan?
   _____

3. Apakah praktisi menggunakan keterampilan inti dari TF selama sesi ini?
   ___Ya ___Tidak
   Jika Ya, keterampilan mana yang digunakan?
   _____
   Jika Tidak, apa yang tidak digunakan? Apa yang membuatnya menjadi sulit digunakan?
   _____
   _____

4. Seberapa interaktifkah sesi ini?
   ___Sangat Interaktif ___Interaktif
   ___Cukup Interaktif ___Tidak Interaktif Sama Sekali

5. Berapa banyak kesempatan yang diberikan praktisi untuk anggota keluarga berbicara?
   ___Banyak ___Cukup
   ___Sedikit ___Tidak Sama Sekali

6. Seberapa banyak kesempatan yang diberikan oleh praktisi untuk remaja dan keluarga saling memahami sudut pandang satu sama lain?
   ___Banyak ___Cukup
   ___Sedikit ___Tidak Sama Sekali

7. Apakah praktisi melakukan permainan peran atau aktivitas spesifik lainnya? Jika Ya, aktivitas apa saja?
   _____

8. Siapa yang mendominasi pembicaraan selama sesi ini?
   _____

9. Diantara anggota keluarga, siapa yang berbicara paling banyak dengan praktisi?
   _____

Appendix 7.1: Session Quality Scale (To be completed by the National Supervisor)

Instructions: Using the Likert scale provided below, please indicate your judgment regarding three aspects of the session you have just viewed. For these scales, please base all scores on the session as a whole. Place the appropriate number from the Likert scale in the space provided next to each item.

1 = Not at all
2 = A little bit
3 = Moderately
4 = Considerably
5 = Extensively

Client Difficulty: What is the level of difficulty presented in this session by the client? _____

Therapist Competence: How competently do you think the therapist performed in this session? _____

Session Success: How successful was the therapist in meeting apparent or presumed goals of the session? _____

Supervisor: Sociodemographic Information

Gender: _____

Age (in years): _____

Number of years working with young people: _____

Number of years working with families: _____

Number of years working with people with drug problem: _____

Do you have any supervision experience? _____

Your main occupation: _____

Highest education level: _____

Appendix 7.1a: Skala Kualitas Sesi

(Bahasa Indonesia)

Instruksi: Gunakan skala Likert yang disediakan di bawah ini, harap tunjukkan penilaian Anda mengenai tiga aspek dari sesi yang baru saja Anda observasi. Untuk skala ini, harap memberi semua skor berdasarkan sesi secara keseluruhan. Tempatkan angka yang sesuai dari skala di tempat yang disediakan di sebelah setiap item.

1 = Tidak ada sama sekali
2 = Rendah
3 = Sedang
4 = Tinggi
5 = Sangat Tinggi

Kesulitan Klien: Bagaimana tingkat kesulitan yang ditampilkan oleh klien dalam sesi inI? ____

Kompetensi Praktisi: Menurut Anda, bagaimana tingkat kompetensi praktisi dalam menjalankan sesi ini? ___

Keberhasilan Sesi: Bagaimana tingkat keberhasilan praktisi dalam memenuhi tujuan sesi, baik yang jelas maupun yang diasumsikan? ___

Supervisor: Informasi Sosiodemografis

Jenis Kelamin : _____

Usia (dalam tahun) : _____

Lama bekerja dengan remaja (dalam tahun) : _____

Lama bekerja dengan keluarga (dalam tahun) : _____

Lama bekerja dengan orang yang bermasalah dengan narkotika (dalam tahun) : _____

Apakah Anda memiliki pengalaman menjadi supervisor? ___Ya ___Tidak

Pekerjaan utama Anda : _____

Pendidikan terakhir : _____

Appendix 7.2: Inventory of Therapy Techniques (ITT) (for the National Supervisors to complete)

(English)

A list of techniques commonly used by therapists treating adolescents with behavior and substance use problems is provided on the back of this sheet. Using the 5-point Likert scale, please indicate the extent to which you used each technique in today's session. Endorse as many or as few as you feel apply. In making your ratings, please consider both the frequency and thoroughness with which you used each technique. For any techniques that you did not use, please circle "1" for "not at all."

Please keep in mind:

1. Many sessions will contain none of the listed techniques.

2. Any technique can be used in any kind of session: individual, family, or group.

3. Two exceptions to #2 above are items 12 and 22 (with *), which require the presence of a family member.

1 = Not at all
2 = A little bit
3 = Moderately
4 = Considerably
5 = Extensively

	1	2	3	4	5
1. Established definite theme or agenda at beginning of session.					
2. Discussed parental monitoring and family rules/caretaking with the adolescent and/or caregiver.					
3. Discussed cravings, triggers, and high-risk situations that lead to current or future use.					
4. Affirmed the client's ability to change problematic behavior and praised change efforts.					
7. Repeated the client's words, paraphrased client statements, or made reflective summary statements back to the client.					
9. Emphasized equality and collaboration in the therapeutic relationship versus "therapist in charge."					
10. Explored client concerns about problematic behavior, readiness to change behavior, and optimism about success.					
12. Arranged, coached, and helped process an in-session family interaction.					

13. Utilized behavioral interventions (e.g., formalized treatment planning, reward systems), or taught relaxation exercises (e.g., meditation).					
14. Taught client new problem-solving, coping, or communication skills (including refusal skills).					
15. Facilitated the client's awareness of discrepancies between current problematic behaviors and future goals.					
16. Explored or confronted the client's denial in relation to drug use or consequences of use.					
17. Helped client develop friends, relationships, and social activities that are non-drug related.					
18. Explored positive and negative effects of substance use and the pros and cons of abstinence.					
19. Worked on enhancing communication and attachment between family members.					
21. Assigned homework and/or reviewed homework from previous session.					
22. Target intervention efforts to deal with relational issues.					
22a. Target intervention efforts to deal with presenting problems in the family.					
23. Worked on client's commitment to a plan for changing problematic behavior, including discussion of impediments to change.					
26. Discussed core relational family themes that underlie everyday events (e.g., love, trust, respect, independence).					

Appendix 7.2a: Inventaris Teknik Terapi

(Bahasa Indonesia)

Di bawah ini terdapat beberapa teknik yang biasanya digunakan oleh praktisi dalam menangani remaja dengan masalah perilaku dan penggunaan zat narkotika. Dengan menggunakan Skala Likert 5 Poin, silakan menilai sejauh mana Praktisi menggunakan teknik-teknik tersebut di sesi ini dengan cara memberikan tanda silang (x) pada kotak yang disediakan sesuai dengan teknik yang Praktisi terapkan hari ini. Dalam menilai penggunaan teknik tersebut, mohon perhatikan juga seberapa sering dan menyeluruh Praktisi menggunakan teknik-teknik tersebut. Mohon perhatikan bahwa tidak semua sesi akan menggunakan seluruh teknik di bawah ini. Jika ada teknik yang tidak digunakan pada sesi ini, silakan beri tanda silang (x) pada pilihan "1" untuk "tidak sama sekali".

Keterangan:
1 = Tidak sama sekali
2 = Kurang digunakan
3 = Cukup digunakan
4 = Sering digunakan
5 = Sangat sering digunakan

	1	2	3	4	5
1. Menetapkan tema atau agenda yang pasti di awal sesi					
2. Membahas pengawasan orang tua dan aturan/pengasuhan keluarga dengan remaja dan/atau pengasuhnya					
3. Mendiskusikan rasa ketagihan, pemicu, dan situasi dengan resiko tinggi yang mengarah pada penggunaan zat saat ini maupun di masa yang akan datang					
4. Memberikan pengakuan pada kemampuan klien untuk mengubah perilaku bermasalah dan memberi pujian terhadap usaha untuk berubah					
7. Mengulang kalimat klien, melakukan parafrase dari pernyataan klien atau membuat rangkuman reflektif kepada klien					
9. Menekankan kesetaraan dan kolaborasi dalam hubungan terapeutik daripada "dominansi praktisi"					
10. Mengeksplorasi kekhawatiran klien mengenai perilaku bermasalah, kesiapan untuk mengubah perilaku, dan optimisme mengenai keberhasilan					
12. Mengatur, melatih, dan membantu proses interaksi keluarga di dalam sesi					
13. Menggunakan intervensi perilaku (misalnya, perencanaan perlakuan formal, sistem *reward* atau penghargaan) atau mengajarkan latihan relaksasi (misalnya, meditasi)					

14. Mengajarkan cara baru untuk pemecahan masalah, penyesuaian diri, atau keterampilan komunikasi kepada klien (termasuk belajar untuk menghadapi atau melakukan penolakan)					
15. Memfasilitasi kesadaran klien akan adanya kesenjangan/perbedaan antara perilaku bermasalah saat ini dan tujuan masa depan					
16. Mengeksplorasi atau konfrontasi penolakan klien (*denial*) mengenai penggunaan narkotika atau akibat-akibatnya					
17. Membantu klien mengembangkan pertemanan, hubungan, dan kegiatan sosial yang tidak berhubungan dengan narkotika					
18. Mengeksplorasi efek positif dan negatif dari penggunaan narkotika serta pro dan kontra dari penghentian penggunaan narkotika					
19. Berusaha meningkatkan komunikasi dan keterdekatan antara anggota keluarga					
21. Memberikan tugas (pekerjaan) rumah dan/atau meninjau/membahas tugas yang diberikan dari sesi sebelumnya					
22a. Menargetkan upaya intervensi untuk menangani masalah relasional					
22b. Menargetkan upaya intervensi untuk menangani masalah yang sedang menjadi perhatian dalam keluarga					
23. Bekerja untuk membangun komitmen klien dalam merencanakan perubahan perilaku bermasalah, termasuk mendiskusikan hambatan untuk berubah					
26. Mendiskusikan tema-tema utama dalam relasi keluarga yang mempengaruhi peristiwa sehari-hari klien (misalnya, cinta, kepercayaan, rasa hormat, kemandirian, dll)					

Appendix 8: Fidelity interview for a family member
(English)

A family member will complete this fidelity measure after one random session of the TFT

Family – Fidelity Interview (To be interviewed by the NRP)

Date: _____
Implementation centre: _____
Which session/phase did you attend today? _____
Your Age: _____ Your Gender: _____

Family members who attended today's session: _____

1. Did you agree with the way that the practitioner lead today's session? _____

2. How interactive was this session?
___Very interactive ___Interactive ___Somewhat interactive ___Not interactive at all

3. How much opportunity did the practitioner give you and your family members to talk?
___A Lot ___Some ___A little ___Not at all

4. How much opportunity did the practitioner encourage you and your family members to take each other's viewpoint?
___A Lot ___Some ___A little ___Not at all

5. Who talked the most during this session (practitioner, or family members [who])?
_____

6. Among your family members, who talked the most frequent with the practitioners?
_____

7. Did the practitioner support you and your family express understanding of your situation?
_____

8. Did you feel safe in sharing your vulnerable feelings during this session?
_____

9. Did you find the session helpful? _____

10. What did the practitioner do today that help you the most?

_____

Family member: Sociodemographic Information

Gender: _____

Age (in years): _____

Your main occupation: _____

Highest education level: _____

Who live in your household? _____

Relationship to the adolescent: _____

Family monthly spending:

___ Above 10 million ___ 6 – 10 million

___ 3 – 5 million ___ Below 3 million

Marital status of the parents: _____

___ Divorced ___ Married ___ Single

___ Separated ___ Widowed

Appendix 8a: Skala Kepatuhan untuk Anggota Keluarga
(Bahasa Indonesia)

Anggota keluarga akan mengisi pengukuran kepatuhan ini setelah satu sesi yang dipilih secara acak dari TF

Skala Kepatuhan: Anggota Keluarga (Wawancara akan dilakukan oleh NRP)

Nama Organisasi: _____

Tanggal Sesi: _____ Sesi ke _____

Anggota keluarga yang menghadiri sesi hari ini:
_____

ID Klien (terdiri dari kode organisasi, 3 huruf pertama dari nama remaja dan tahun kelahirannya; misalnya, UCEN2005): ____

Kode Organisasi

A : YAN BNN-K Utara : U

K : Karisma BNN-K Timur : T

M : Madani

1. Apakah Anda setuju dengan cara praktisi dalam memimpin sesi hari ini?
   _____

2. Seberapa interaktifkah sesi ini?
   ___Sangat Interaktif ___Interaktif
   ___Cukup Interaktif ___Tidak Interaktif Sama Sekali

3. Berapa banyak kesempatan yang diberikan praktisi untuk Anda dan keluarga berbicara?
   ___Banyak ___Cukup
   ___Sedikit ___Tidak Sama Sekali

4. Seberapa banyak kesempatan yang diberikan oleh praktisi untuk Anda dan keluarga saling memahami sudut pandang satu sama lain?
   ___Banyak ___Cukup
   ___Sedikit ___Tidak Sama Sekali

5. Siapa yang paling banyak berbicara dalam sesi ini (praktisi atau anggota keluarga [siapa])?
   _____

6. Diantara anggota keluarga, siapa yang berbicara paling banyak dengan praktisi?
   _____

7. Apakah praktisi mendukung Anda dan keluarga untuk menunjukkan pemahaman tentang situasi Anda?
   _____

   _____

8. Apakah Anda merasa aman untuk menceritakan secara terbuka dan jujur mengenai perasaan Anda selama sesi ini?
   _____

9. Apakah sesi ini berguna untuk Anda?
   _____

10. Apa yang telah dilakukan oleh praktisi hari ini yang Anda rasa paling membantu?
    _____

Anggota Keluarga: Informasi Sosiodemografis

Jenis Kelamin : _____

Usia (dalam tahun) : _____

Pekerjaan utama Anda : _____

Pendidikan terakhir : _____

Siapa saja yang tinggal di rumah Anda? _____

Hubungan Anda dengan remaja : _____

Pengeluaran bulanan keluarga Anda

___Rp10.000.000,00 atau lebih

___Rp6.000.000,00 – Rp9.999.999,00

___Rp3.000.000,00 – Rp5.999.999,00

___Di bawah Rp3.000.000,00

Status pernikahan orang tua

___Belum menikah

___Menikah

___Berpisah

___Cerai Hidup

___Cerai Mati

Appendix 8.1: Fidelity interview for the Adolescents

(English)

Date: _____
Implementation centre: _____
Which session/phase did you attend today? _____
Age: _____ Gender: _____

Family members who attended today's session: _____

1. Did you agree with the way that the practitioner lead today's session? _____

2. How interactive was this session?
___Very interactive ___Interactive ___Somewhat interactive ___Not interactive at all

3. How much opportunity did the practitioner give you and your family members to talk?
___A Lot ___Some ___A little ___Not at all

4. How much opportunity did the practitioner encourage you and your family members to take each other's viewpoint?
___A Lot ___Some ___A little ___Not at all

5. Who talked the most during this session (practitioner, or family members [who])?
_____

6. Among your family members, who talked the most frequent with the practitioners?
_____

7. Did the practitioner support you and your family express understanding of your situation?
_____

8. Did you feel safe in sharing your vulnerable feelings during this session?
_____

9. Did you find the session helpful? _____

10. What did the practitioner do today that help you the most?
_____

Appendix 8.1a: Skala Kepatuhan untuk Remaja
(Bahasa Indonesia)

Remaja akan mengisi pengukuran kepatuhan ini setelah satu sesi yang dipilih secara acak dari TF

Skala Kepatuhan: Remaja (Wawancara akan dilakukan oleh NRP)

Nama Organisasi: _____

Tanggal Sesi: _____ Sesi ke _____

Anggota keluarga yang menghadiri sesi hari ini:

_____

Usia (dalam tahun): _____ Jenis Kelamin: _____

ID Klien (terdiri dari kode organisasi, 3 huruf pertama dari nama remaja dan tahun kelahirannya; misalnya, **UCEN2005**): ____

Kode Organisasi

A : YAN BNN-K Utara : U

K : Karisma BNN-K Timur : T

M : Madani

1. Apakah kamu setuju dengan cara praktisi dalam memimpin sesi hari ini?
   _____

2. Seberapa interaktifkah sesi ini?
   ___Sangat Interaktif ___Interaktif
   ___Cukup Interaktif ___Tidak Interaktif Sama Sekali

3. Berapa banyak kesempatan yang diberikan praktisi untuk kamu dan keluarga berbicara?
   ___Banyak ___Cukup
   ___Sedikit ___Tidak Sama Sekali

4. Seberapa banyak kesempatan yang diberikan oleh praktisi untuk kamu dan keluarga saling memahami sudut pandang satu sama lain?
   ___Banyak ___Cukup
   ___Sedikit ___Tidak Sama Sekali

5. Siapa yang paling banyak berbicara dalam sesi ini (praktisi atau anggota keluarga [siapa])?
   _____

6. Diantara anggota keluarga, siapa yang berbicara paling banyak dengan praktisi?
   _____

7. Apakah praktisi mendukung kamu dan keluarga untuk menunjukkan pemahaman tentang situasi kamu?
   _____

   _____

8. Apakah kamu merasa aman untuk menceritakan secara terbuka dan jujur mengenai perasaanmu selama sesi ini?
   _____

9. Apakah sesi ini berguna untuk kamu?
   _____

10. Apa yang telah dilakukan oleh praktisi hari ini yang kamu rasa paling membantu?
    _____

Appendix 9: Intervention Record
(English)

- Number of adolescents approach to participate in TF: _____
(how do the you know about the study?: social media, poster, word of mouth)

- Number of adolescents who actually participated: _____

- Number of drop-outs: _____

(a) Reasons for drop-out: _____

(b) Number of sessions attended: _____

Note:

Information on recruitment and retention to be collected by the practitioners the end of the intervention

Appendix 9a: Catatan Intervensi

(Bahasa Indonesia)

Informasi mengenai proses rekrutmen dan tingkat retensi dikumpulkan oleh praktisi pada akhir program intervensi. Berikut informasi yang perlu dikumpulkan praktisi:

1. Jumlah remaja yang dihubungi untuk berpartisipasi dalam TF: _____
   a. Bagaimana mereka mengetahui informasi mengenai TF dan penelitian ini?
      ___Media sosial

      ___Poster/Leaflet/Brosur

      ___Informasi dari mulut ke mulut

      ___Lainnya, sebutkan_____

2. Jumlah remaja yang menjadi partisipan dalam TF_____

3. Jumlah remaja yang mengundurkan diri_____

   a. Alasan pengunduran diri _____

   b. Jumlah sesi yang telah diikuti _____

Catatan: Remaja dan keluarganya dianggap mengundurkan diri jika mereka menyatakan pengunduran dirinya secara langsung, atau jika remaja dan anggota keluarga sama sekali tidak bisa dihubungi dan tidak hadir selama 2 sesi berturut-turut

Appendix 10: Evaluation Form for Practitioners
(English)

This form is to be completed by the practitioners at the end of the intervention

In order to continue our TF programme, and improve how the programme can be implemented, we would appreciate your comments and feedback.

The questions below ask about your thoughts and experiences with the TF programme. For each of the questions below, please circle the response that best reflect your answer. Please feel free to add any further comments in the space provided. We are interested in both your positive feedback, and any suggestions for change.

1) How useful did you find TF for enhancing communication among family members?

Very useful ___ Somewhat useful ___ A little useful ___ Not at all useful ___

2) How much did you learn about supporting family to communicate among themselves?

A lot ___ Some ___ A little ___ Nothing at all ___

3) How much do you think the adolescents and their parents learnt about communicating positively with each other?

A lot ___ Some ___ A little ___ Nothing at all ___

4) How much do you think the adolescents and their parents enjoyed the FTI?

A lot ___ Some ___ A little ___ Not at all ___

5) How easy did you find it to implement FTI into your work/organisation?

Very easy ___ Somewhat easy ___ A little difficult ___ Very difficult ___

6) How well did the FTI programme complemented the existing curriculum in your organisation?

Very well ___ Quite well ___ Not very well ___ Not well at all ___

7) Does your involvement in this project as a practitioner enhance your professional skills, and in what way? _____

8) Does your involvement in this project as a practitioner help you evolve as a person, and in what way?

_____

9) Please provide any other feedback (positive or negative) that you have.

_____

Appendix 10a: Formulir Evaluasi untuk Praktisi

(Bahasa Indonesia)

Formulir ini diisi oleh praktisi di akhir program intervensi.

Untuk meneruskan program TF, dan meningkatkan implementasi program ini, kami mengapresiasi komentar dan masukan Anda melalui formulir ini.

Pertanyaan di bawah ini menanyakan tentang pendapat dan pengalaman Anda terkait program TF. Untuk setiap pertanyaan di bawah ini, mohon lingkari respons yang paling menggambarkan jawaban Anda. Silahkan tambahkan komentar lainnya pada ruang yang disediakan di bawah. Kami mengapresiasi tidak hanya umpan balik positif, namun juga saran dan masukan untuk perbaikan ke depan.

1. Seberapa bermanfaat program TF untuk meningkatkan komunikasi diantara anggota keluarga?
   ___Sangat bermanfaat ___Cukup bermanfaat
   ___Kurang bermanfaat ___Tidak bermanfaat

2. Seberapa banyak yang Anda pelajari mengenai pemberian dukungan pada keluarga untuk saling berkomunikasi?
   ___Sangat banyak ___Cukup banyak
   ___Kurang ___Tidak ada sama sekali

3. Menurut Anda, seberapa banyak yang dipelajari oleh remaja dan orang tuanya mengenai komunikasi secara positif pada satu sama lain?
   ___Sangat banyak ___Cukup banyak
   ___Kurang ___Tidak ada sama sekali

4. Menurut Anda, seberapa besar remaja dan anggota keluarganya menikmati program TF?
   ___Sangat menikmati ___Cukup menikmati
   ___Kurang menikmati ___Tidak menikmati

5. Seberapa mudah mengimplementasikan program TF pada pekerjaan atau organisasi Anda?
   ___Sangat mudah ___Cukup mudah
   ___Cukup sulit ___Sangat sulit

6. Seberapa baik program FTI ini melengkapi kurikulum yang ada di organisasi Anda?
   ___Sangat melengkapi ___Cukup melengkapi

   ___Kurang melengkapi ___Tidak dapat melengkapi sama sekali

7. Apakah keterlibatan Anda dalam projek ini sebagai praktisi meningkatkan keterampilan profesional Anda? Jika tidak, mengapa? Jika ya, dalam hal apa peningkatan tersebut terjadi?
   _____

   _____

   _____

8. Apakah keterlibatan Anda dalam projek ini sebagai praktisi berdampak pada pertumbuhan pribadi Anda? Jika tidak, mengapa? Jika ya, dalam hal apa pertumbuhan tersebut terjadi?
   _____

   _____

   _____

9. Silahkan berikan masukan lainnya (positif maupun negatif) di bawah ini
   _____

   _____

   _____

Appendix 11: Interview with the Practitioners
(English)

The practitioners will be interviewed at the end of the intervention

(1) What aspects of the TF worked best? *(Probing: In case the interviewees do not come up with any ideas, please give any one of these examples: modules, supervision and support, frequency, session duration, core skills of TF, practitioner manual).* In what ways did these work?

(2) What aspects of the TF didn't work well? In what ways didn't these work?

(3) In what ways do you think the adolescents and their family benefit from TF? *(Probing: Do you perceive any changes in drug use?)*

(4) What attracts families to services? (Some of these points could be discussed during the interview: opening hours, staff qualification, costs associated with treatment, stigma, fear of institutionalization)

(5) What helps to stay in the intervention?

(6) Would you recommend your colleagues to be trained in TF?

(7) What recommendations do you have for improving TF?

Appendix 11a: Panduan Wawancara Pasca-Intervensi untuk Praktisi

(Bahasa Indonesia)

Wawancara ini akan dilaksanakan dengan praktisi untuk melengkapi formulir evaluasi terhadap program TF. Wawancara dilaksanakan setelah program intervensi selesai.

Wawancara ini akan mencakup beberapa pertanyaan berikut ini:

1. Aspek TF apa saja (misalnya modul, supervisi dan dukungan yang diterima, frekuensi, durasi sesi, keterampilan inti dari TF, manual untuk praktisi, dll) yang bekerja paling baik? Bagaimana aspek tersebut dapat dikatakan bekerja paling baik?

2. Aspek TF apa saja yang tidak bekerja dengan baik? Bagaimana aspek tersebut dapat dikatakan tidak bekerja dengan baik?

3. Dalam hal apa para remaja dan keluarga mereka mendapat manfaat dari TF?
   a. Apakah Anda memperhatikan adanya perubahan penggunaan narkoba pada remaja atau keluarganya?

4. Apa yang membuat remaja dan keluarga tertarik mendapatkan layanan yang diberikan? (Beberapa poin dapat didiskusikan selama wawancara: jam buka layanan, kualifikasi staf, biaya terkait pelayanan, stigma, ketakutan untuk terikat pada lembaga rehabilitasi)

5. Apa yang membuat remaja dan keluarga terus mengikuti intervensi hingga akhir?

6. Apakah Anda akan merekomendasikan rekan kerja Anda untuk mengikuti pelatihan TF?

7. Rekomendasi apa yang Anda miliki untuk meningkatkan TF?

ASSESSMENT TOOLS FOR STUDY 4

**These questionnaires (Appendices 12 – 16) are to be completed by the adolescents before and after the intervention, and at a follow-up period (i.e., approximately 1 month after completing the intervention).*

*Please note that SCS will be completed only before the intervention and at follow-up**

Appendix 12: Substance Consumption Scale (SCS: Ruchkin, Schwab-Stone, & Vermeiren, 2004)

(English)

The first questions are about alcohol use.

For these questions below, a "drink" means a bottle or can of beer, a glass of wine or wine cooler, a shot of liquor, or a mixed drink.

1a. Have you **ever** had a drink of alcohol (not just a sip or taste of someone else's beer)?

No, never___ Yes, but only once___

A few times___ More than a few times___

1b. How many times (if any) have you had a drink of alcohol during the past 30 days?

0 ___ 1 - 2 ___ 3 - 5 ___ 6+ ___

2. During the **<u>past 30 days</u>**, on how many days (if any) did you have five or more drinks of alcohol in a row, that is, within a couple of hours?

0 days___ 1 day___ 2 days___ 3-5 days___ 6 or more days___

The next questions are about cigarettes.

3. Have you **ever** smoked cigarettes?
No, never___ Yes, but only once___
A few times___ More than a few times___

4. During the **past 30 days**, on how many days did you smoke?
0 days___ A few days___ Most days___ Everyday ___

5. During the **<u>past 30 days</u>**, on the days you smoked, how many cigarettes did you smoke per day?
I did not smoke ___ One cigarette per day___
2-5 cigarettes per day___ 6 or more cigarettes per day___

The next questions are about marijuana and other drugs.

6. Have you **ever** used marijuana?
No, never___ Yes, but only once___
A few times___ More than a few times___

7. In the **past 30 days**, how many times (if any) have you used marijuana?
   0 times___ 1-2 times___
   3-5 times___ 6+ times___

8. Have you **ever** used amphetamine ("shabu")?
   No, never___ Yes, but only once___
   A few times___ More than a few times___

9. In the **past 30 days**, how many times (if any) have you used amphetamine ("shabu")?
   0 times___ 1-2 times___
   3-5 times___ 6+ times___

10. Have you **ever** used other drugs? If so, which? _____
   No, never___ Yes, but only once___
   A few times___ More than a few times___

11. In the **past 30 days**, how many times (if any) have you used this other drug_____?
   0 times___ 1-2 times___
   3-5 times___ 6+ times___

12.	During the **<u>past year</u>**, how many times (if any) have you…	**0 Times**	**1-2 Times**	**3-5 Times**	**6+ Times**
a.	had fights or arguments with other people while you were drinking alcohol?				
b.	had fights or arguments with other people related to your use of drugs?				
c.	been drunk or very high from drinking alcoholic beverages?				
d.	been high from taking drugs?				
e.	been unable to stop using drugs or alcohol when you wanted to?				
f.	ridden in a car or other vehicle driven by someone who had been drinking alcohol or using drugs?				
g.	felt very uncomfortable or sick when you were not taking drugs?				

h.	Been expelled from school because of drug use/possession?				
i.	had money problems because of your spending on drugs?				
j.	have you engaged in illegal activities in order to obtain drugs?				
k.	been arrested for drugs?				

13.	**During the <u>past 30 days</u>, how many times (if any) have you…**	**0 Times**	**1-2 Times**	**3-5 Times**	**6+ Times**
a.	had fights or arguments with other people while you were drinking alcohol?				
b.	had fights or arguments with other people related to your use of drugs?				
c.	been drunk or very high from drinking alcoholic beverages?				
d.	been high from taking drugs?				
e.	been unable to stop using drugs when you wanted to?				
f.	ridden in a car or other vehicle driven by someone who had been drinking alcohol?				
g.	felt very uncomfortable or sick when you were not taking drugs?				
h.	Been expelled from school because of drug use/possession?				
i.	had money problems because of your spending on drugs?				
j.	have you engaged in illegal activities in order to obtain drugs?				
k.	been arrested for drugs?				

We would like to ask about your friends:

How many friends do you have?
__ None __ 1 __ 2 or 3 __ 4 or more

How many times a week do you do things with them?
__ less than 1 __ 1 or 2 __ 3 or more

Appendix 12a: Skala Konsumsi Zat (yang telah Disesuaikan)

(Bahasa Indonesia)

Beberapa pertanyaan pertama terkait dengan penggunaan alkohol

Untuk pertanyaan-pertanyaan di bawah ini, "minuman" berarti satu botol atau kaleng bir, satu gelas anggur atau koktail anggur, satu sloki minuman keras atau minuman alkohol campuran

1a. Apakah kamu pernah meminum minuman beralkohol?

(tidak hanya seteguk atau mencicipi bir orang lain)

___Tidak pernah ___Pernah, satu kali

___Pernah, beberapa kali ___Pernah, lebih dari beberapa kali

1b. Berapa kali (jika pernah) kamu meminum minuman beralkohol dalam 30 hari terakhir?

___Tidak pernah ___1 sampai 2 kali

___3 sampai 5 kali ___6 kali atau lebih

2. Dalam 30 hari terakhir, berapa hari (jika pernah) kamu meminum 5 atau lebih minuman beralkohol secara berturut-turut dalam waktu beberapa jam?

___Tidak pernah ___1 hari ___2 hari

___3 sampai 5 hari ___6 hari atau lebih

Pertanyaan-pertanyaan berikut ini terkait dengan rokok

3. Apakah kamu pernah merokok?

___Tidak pernah ___Pernah, satu kali

___Pernah, beberapa kali ___Pernah, lebih dari beberapa kali

4. Dalam **30 hari terakhir**, berapa hari (jika pernah) kamu merokok?

___Tidak pernah ___Beberapa hari

___Hampir setiap hari ___Setiap hari

5. Dalam **30 hari terakhir**, pada hari kamu merokok, berapa batang rokok yang kamu konsumsi per hari?

___Saya tidak merokok ___1 batang rokok per hari

___2 sampai 5 batang rokok per hari ___6 atau lebih batang rokok per hari

Pertanyaan-pertanyaan berikut ini terkait dengan marijuana/ganja/gelek/cimeng/pot dan jenis narkoba lainnya

6. Apakah kamu **pernah** mengonsumsi marijuana/ganja/gelek/cimeng/pot?

___Tidak pernah ___Pernah, satu kali

___Pernah, beberapa kali ___Pernah, lebih dari beberapa kali

7. Dalam **30 hari terakhir**, berapa kali (jika pernah) kamu mengonsumsi marijuana/ganja/gelek/cimeng/pot?

___Tidak pernah ___1 sampai 2 kali

___3 sampai 5 kali ___6 kali atau lebih

8. Apakah kamu **pernah** mengonsumsi amfetamin (ekstasi, shabu, dll)?

___Tidak pernah ___Pernah, satu kali

___Pernah, beberapa kali ___Pernah, lebih dari beberapa kali

9. Dalam **30 hari terakhir**, berapa kali (jika pernah) kamu mengonsumsi amfetamin (ekstasi, shabu, dll)?

___Tidak pernah ___1 sampai 2 kali

___3 sampai 5 kali ___6 kali atau lebih

10. Apakah kamu **pernah** mengonsumsi jenis narkoba lainnya?

___Tidak pernah ___Pernah, satu kali

___Pernah, beberapa kali ___Pernah, lebih dari beberapa kali

Jika Pernah, jenis narkoba apa saja? _____

11. Dalam **30 hari terakhir**, berapa kali (jika pernah) kamu mengonsumsi jenis narkoba tersebut?

___Tidak pernah ___1 sampai 2 kali

___3 sampai 5 kali ___6 kali atau lebih

12	Dalam <u>setahun terakhir</u>, berapa kali (jika pernah) kamu… (Beri tanda ceklis pada kolom yang sesuai untuk setiap pernyataan di bawah ini)	Tidak pernah	1-2 kali	3-5 kali	6 kali atau lebih
a.	Berkelahi atau berdebat dengan orang lain saat kamu meminum minuman beralkohol?				
b.	Berkelahi atau berdebat dengan orang lain terkait dengan narkoba yang kamu konsumsi?				
c.	Mabuk atau sangat teler (high) karena meminum minuman beralkohol?				
d.	Teler (high) karena mengonsumsi narkoba?				
e.	Tidak bisa berhenti mengonsumsi narkoba atau alkohol ketika kamu ingin berhenti?				
f.	Menumpang mobil atau kendaraan lain yang dikendarai oleh orang yang sedang minum minuman beralkohol atau mengonsumsi narkoba?				
g.	Merasa sangat tidak nyaman atau sakit ketika kamu tidak mengonsumsi narkoba?				
h.	Dikeluarkan dari sekolah karena mengonsumsi atau membawa narkoba?				
i.	Memiliki masalah keuangan karena membeli narkoba?				
j.	Terlibat dalam aktivitas ilegal untuk mendapatkan narkoba?				
k.	Ditangkap karena masalah narkoba?				

13	Dalam <u>30 hari terakhir</u>, berapa kali (jika pernah) kamu… (Beri tanda ceklis pada kolom yang sesuai untuk setiap pernyataan di bawah ini)	Tidak pernah	1-2 kali	3-5 kali	6 kali atau lebih
a.	Berkelahi atau berdebat dengan orang lain saat kamu meminum minuman beralkohol?				
b.	Berkelahi atau berdebat dengan orang lain terkait dengan narkoba yang kamu konsumsi?				
c.	Mabuk atau sangat teler (high) karena meminum minuman beralkohol?				
d.	Teler (high) karena mengonsumsi narkoba?				
e.	Tidak bisa berhenti mengonsumsi narkoba atau alkohol ketika kamu ingin berhenti?				
f.	Menumpang mobil atau kendaraan lain yang dikendarai oleh orang yang sedang minum minuman beralkohol atau mengonsumsi narkoba?				
g.	Merasa sangat tidak nyaman atau sakit ketika kamu tidak mengonsumsi narkoba?				
h.	Dikeluarkan dari sekolah karena mengonsumsi atau membawa narkoba?				
i.	Memiliki masalah keuangan karena membeli narkoba?				
j.	Terlibat dalam aktivitas ilegal untuk mendapatkan narkoba?				
k.	Ditangkap karena masalah narkoba?				

Kami ingin menanyakan tentang temanmu:

Berapa banyak teman yang kamu miliki?

___Tidak ada ___1 ___2 atau 3 ___4 atau lebih

Berapa kali seminggu kamu melakukan kegiatan bersama-sama dengan mereka?

__Kurang dari 1 kali ___1 atau 2 kali ___3 kali atau lebih

Appendix 13: Social and Health Assessment
(English)

We would like to begin by asking you about you and your friends.

	How many of your friends……	
1	Smoke cigarettes on a pretty regular basis?	
2	Have dropped out of school before finishing high school?	
3	Have skipped school a lot without permission?	
4	Go out in the evening without their parents' permission?	
5	Drink alcohol/miras fairly regularly?	
6	Use benzodiazepine/boti, marijuana/gele, sinte (gorilla, Nataraja), amphetamine/shabu, Opioid/Tramadol, any other drug?	
7	Have had sexual intercourse? (Think of friends the same sex as you.)	
8	*Have sex in exchange for money or drug?*	
9	Have been at the juvenile court because of their behaviour?	
10	*Have been violent (e.g., been in fights, beating someone)?*	
11	Have been arrested by the police?	
12	*Have been abandoned by their family?*	
13	*Have been stealing?*	
14	*Have been in contact with gang or violent group?*	

Appendix 13a: Asesmen Sosial dan Kesehatan
(Bahasa Indonesia)

Kami ingin menanyakan tentang temanmu:

Berapa banyak teman yang kamu miliki?

___Tidak ada ___1 ___2 atau 3 ___4 atau lebih

Berapa kali seminggu kamu melakukan kegiatan bersama-sama dengan mereka?

__Kurang dari 1 kali ___1 atau 2 kali ___3 kali atau lebih

	Berapa banyak dari teman kamu yang…	***Tuliskan jumlah temanmu di kolom ini sesuai dengan tiap pernyataan***
1	Merokok secara rutin?	
2	Sudah putus sekolah sebelum tamat SMA?	
3	Sering bolos sekolah tanpa izin?	
4	Keluar di malam hari tanpa izin dari orangtua?	
5	Minum alkohol/miras cukup rutin?	
6	Menggunakan benzodiazepin/boti, ganja/gele, sinte (gorilla, nataraja), amfetamin/shabu, opioid/tramadol, atau jenis narkoba lainnya?	
7	Pernah melakukan hubungan seksual? (Pikirkan teman-teman yang berjenis kelamin sama denganmu)	
8	Pernah melakukan hubungan seksual dengan imbalan uang atau narkoba?	
9	Pernah berada di pengadilan remaja karena perilaku mereka?	
10	Pernah terlibat kekerasan (misalnya terlibat perkelahian, memukul seseorang, dll)	

11	Pernah ditangkap polisi?	
12	Pernah ditelantarkan/diusir oleh keluarga mereka?	
13	Pernah mencuri?	
14	Pernah terlibat dalam geng atau kelompok kekerasan?	

Appendix 14: Strengths and Difficulties Questionnaire (self-rated)
(English)

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you **over the last six months**.

	Not True	**Somewhat True**	**Certainly True**
I try to be nice to other people. I care about their feelings			
I am restless, I cannot stay still for long			
I get a lot of headaches, stomach-aches or sickness			
I usually share with others (food, games, pens etc.)			
I get very angry and often lose my temper			
I am usually on my own. I generally play alone or keep to myself			
I usually do as I am told			
I worry a lot			
I am helpful if someone is hurt, upset or feeling ill			
I am constantly fidgeting or squirming			
I have one good friend or more			
I fight a lot. I can make other people do what I want			
I am often unhappy, down-hearted or tearful			
Other people my age generally like me			
I am easily distracted, I find it difficult to concentrate			
I am nervous in new situations. I easily lose confidence			
I am kind to younger children			
I am often accused of lying or cheating			
Other children or young people pick on me or bully me			
I often volunteer to help others (parents, teachers, children)			
I think before I do things			
I take things that are not mine from home, school or elsewhere			
I get on better with adults than with people my own age			
I have many fears, I am easily scared			
I finish the work I'm doing. My attention is good			

Appendix 14a: Strength and Difficulties Questionnaire (Self-rated)

(Bahasa Indonesia)

*Untuk setiap pernyataan, tolong katakan kepada saya apakah pernyataan di bawah ini Tidak Benar, Agak Benar, atau Benar. Akan sangat membantu saya apabila kamu mau menjawab pernyataan sebaik mungkin meskipun kamu tidak yakin kebenarannya. Berikan jawabanmu menurutmu bagaimana segala sesuatu telah terjadi pada dirimu selama **1 bulan terakhir**.*

No	Pernyataan	Tidak Benar	Agak Benar	Benar
1	Saya berusaha bersikap baik kepada orang lain. Saya peduli dengan perasaan mereka	Tidak Benar □	Agak Benar □	Benar □
2	Saya gelisah, saya tidak dapat diam untuk waktu lama	Tidak Benar □	Agak Benar □	Benar □
3	Saya sering sakit kepala, sakit perut atau macam-macam sakit lainnya	Tidak Benar □	Agak Benar □	Benar □
4	Kalau saya memiliki mainan, CD/flashdisk, atau makanan, saya biasanya berbagi dengan orang lain	Tidak Benar □	Agak Benar □	Benar □
5	Saya menjadi sangat marah dan sering tidak dapat mengendalikan kemarahan saya	Tidak Benar □	Agak Benar □	Benar □
6	Saya lebih suka sendirian daripada bersama dengan orang-orang yang seumur saya	Tidak Benar □	Agak Benar □	Benar □
7	Saya biasanya melakukan apa yang diperintahkan oleh orang lain	Tidak Benar □	Agak Benar □	Benar □
8	Saya banyak merasa cemas atau khawatir terhadap apapun	Tidak Benar □	Agak Benar □	Benar □
9	Saya selalu siap menolong jika ada orang yang terluka, kecewa, atau merasa sakit	Tidak Benar □	Agak Benar □	Benar □
10	Bila sedang gelisah atau cemas, badan saya sering bergerak-gerak tanpa saya sadari	Tidak Benar □	Agak Benar □	Benar □
11	Saya mempunyai satu orang teman baik atau lebih	Tidak Benar □	Agak Benar □	Benar □
12	Saya sering bertengkar dengan orang lain. Saya dapat memaksa orang lain melakukan apa yang saya inginkan	Tidak Benar □	Agak Benar □	Benar □
13	Saya sering merasa tidak bahagia, sedih atau menangis	Tidak Benar □	Agak Benar □	Benar □
14	Orang lain seumur saya pada umumnya menyukai saya	Tidak Benar □	Agak Benar □	Benar □

No	Pernyataan	Tidak Benar	Agak Benar	Benar
15	Perhatian saya mudah teralihkan, saya sulit memusatkan perhatian pada apapun	Tidak Benar □	Agak Benar □	Benar □
16	Saya merasa gugup dalam situasi baru, saya mudah kehilangan percaya diri	Tidak Benar □	Agak Benar □	Benar □
17	Saya bersikap baik terhadap anak-anak yang lebih muda dari saya	Tidak Benar □	Agak Benar □	Benar □
18	Saya sering dituduh berbohong atau berbuat curang	Tidak Benar □	Agak Benar □	Benar □
19	Saya sering diganggu atau dipermainkan oleh anak-anak atau remaja lainnya	Tidak Benar □	Agak Benar □	Benar □
20	Saya sering menawarkan diri untuk membantu orang lain (orang tua, guru, anak-anak)	Tidak Benar □	Agak Benar □	Benar □
21	Sebelum melakukan sesuatu saya berpikir dahulu tentang akibatnya	Tidak Benar □	Agak Benar □	Benar □
22	Saya mengambil barang yang bukan milik saya dari rumah, sekolah atau dari mana saja	Tidak Benar □	Agak Benar □	Benar □
23	Saya lebih mudah berteman dengan orang dewasa daripada dengan orang-orang yang seumur saya	Tidak Benar □	Agak Benar □	Benar □
24	Banyak yang saya takuti, saya mudah menjadi takut	Tidak Benar □	Agak Benar □	Benar □
25	Saya menyelesaikan pekerjaan yang sedang saya lakukan. Saya mempunyai perhatian yang baik terhadap apapun	Tidak Benar □	Agak Benar □	Benar □

Appendix 15: Family Assessment Device
(English)

Please circle the number (1-4) which best indicates how much you agree or disagree with the statements below concerning your family. Circle only 1 number per question.

Circle the ''1'' if you **Strongly Agree**

Circle the ''2'' if you **Agree**

Circle the "3" if you **Disagree**

Circle the "4" if you **Strongly Disagree**

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
Planning family activities is difficult because we misunderstand each other.	1	2	3	4
In times of crisis we can turn to each other for support.	1	2	3	4
We cannot talk to each other about the sadness we feel.	1	2	3	4
Individuals are accepted for what they are.	1	2	3	4
We avoid discussing our fears and concerns.	1	2	3	4
We can express feelings to each other.	1	2	3	4
There are lots of bad feelings in the family.	1	2	3	4
We feel accepted for what we are.	1	2	3	4
Making decisions is a problem in our family.	1	2	3	4
We are able to make decision about how to solve problems.	1	2	3	4
We do not get along well with each other.	1	2	3	4
We confide in each other.	1	2	3	4
Having harmony is of great importance to us as a family.	1	2	3	4
Elders are respected in our family.	1	2	3	4
It is important for us to keep a good image of our family.	1	2	3	4
We feel shameful about drug use in our family.	1	2	3	4

Appendix 15a: Perangkat Asesmen Keluarga
(Bahasa Indonesia)

Harap lingkari angka (1-4) yang paling menunjukkan seberapa besar kamu setuju atau tidak setuju dengan pernyataan di bawah ini terkait dengan keluarga kamu. Lingkari hanya 1 angka per pertanyaan.

Lingkari angka "1" jika kamu **Sangat Setuju**

Lingkari angka "2" jika kamu **Setuju**

Lingkari angka "3" jika kamu **Tidak Setuju**

Lingkari angka "4" jika kamu **Sangat Tidak Setuju**

	Sangat Setuju 1	Setuju 2	Tidak Setuju 3	Sangat Tidak Setuju 4
Sulit untuk merencanakan kegiatan keluarga karena kami sulit mengerti satu sama lain.	1	2	3	4
Pada saat-saat krisis, kami dapat saling meminta dukungan.	1	2	3	4
Kami tidak bisa berbicara dengan satu sama lain mengenai rasa sedih yang kami rasakan.	1	2	3	4
Setiap anggota keluarga diterima apa adanya.	1	2	3	4
Kami menghindari pembicaraan tentang ketakutan dan kekhawatiran kami.	1	2	3	4
Kami bisa saling mengekspresikan perasaan kami dengan satu sama lain.	1	2	3	4
Ada banyak perasaan tidak enak dalam keluarga kami.	1	2	3	4

Kami merasa diterima apa adanya.	1	2	3	4
Pembuatan keputusan adalah suatu masalah dalam keluarga kami.	1	2	3	4
Kami mampu membuat keputusan untuk memecahkan masalah.	1	2	3	4
Kami tidak akur dengan satu sama lain.	1	2	3	4
Kami mempercayakan rahasia kami kepada satu sama lain.	1	2	3	4
Memiliki keharmonisan di dalam keluarga merupakan hal yang penting bagi kami	1	2	3	4
Orang yang lebih tua dihormati di dalam keluarga kami	1	2	3	4
Penting bagi keluarga kami untuk menjaga kesan atau citra yang baik	1	2	3	4
Kami merasa malu dengan penggunaan narkoba di keluarga kami	1	2	3	4

Appendix 16: Sociodemographic scale for Adolescent
(English)

Age: ____ years

Gender: ____ Male ____Female

Are you living with:
___ both your parents ___ your mother only ___ your father only ?
___ Others (please specify)

How many people live in your household? _____

Are you still going to school? Yes ___ No ____

If yes, in which class are you? _____

If no, what are you currently doing? _____

During the last 12 months has the following events occurred to you?

- Got in a lot of arguments or fights.	☐ Yes	☐ No
- Had problems with drugs or alcohol.	☐ Yes	☐ No
- Left home or moved away.	☐ Yes	☐ No
- Important possession stolen.	☐ Yes	☐ No
- Got in car or bike accident.	☐ Yes	☐ No
- Was a victim of violence (was physically harmed by someone).	☐ Yes	☐ No
- Was arrested or got in trouble with the law.	☐ Yes	☐ No
- Lost job or finances got worse.	☐ Yes	☐ No
- Got divorced, separated or broke up with girl/boyfriend.	☐ Yes	☐ No
- Had an illness requiring hospitalization.	☐ Yes	☐ No
- Visited a Mental Health Service for a psychological problem.	☐ Yes	☐ No
- Taken any medication for a psychological problem?	☐ Yes	☐ No
- Drop-out of school/lost of job	☐ Yes	☐ No
- *Loss of significant others*	☐ Yes	☐ No
- *Feeling estrange or lost/being aloner*	☐ Yes	☐ No

- *Felling under threat*	☐ Yes	☐ No
- *Family crisis*	☐ Yes	☐ No
- *Having an "in- or out-group" issues*	☐ Yes	☐ No
- *Identity problems*	☐ Yes	☐ No
- *Being bullied*	☐ Yes	☐ No
- *Toxic relationship*	☐ Yes	☐ No
- *Failing to achieve aspiration*	☐ Yes	☐ No
- *Societal discrimination or injustice*	☐ Yes	☐ No
- Feeling insignificant/put aside/ignored	☐ Yes	☐ No
- *Other (specify)*	☐ Yes	☐ No

Appendix 16a: Skala Sosiodemografis
(Bahasa Indonesia)

Usia: _____ tahun

Jenis Kelamin: ___Laki-laki ___Perempuan

Kamu tinggal bersama:
___Kedua orang tua ___Hanya dengan Bapak ___Hanya dengan Ibu
___Lainnya,
sebutkan: _____

Berapa banyak anggota keluarga yang tinggal bersama kamu? _____

Apakah kamu bersekolah saat ini? ___Ya ___Tidak

Jika ya, kamu kelas berapa? _____

Jika tidak, apa rutinitas/pekerjaan kamu saat ini? _____

Selamat 12 bulan terakhir ini, apakah peristiwa berikut ini terjadi pada kamu?

-Terlibat pertengkaran atau perkelahian	___Ya	___Tidak
-Memiliki masalah dengan narkoba atau alkohol	___Ya	___Tidak
-Pergi dari rumah atau pindah tempat tinggal	___Ya	___Tidak
-Kehilangan barang berharga karena dicuri	___Ya	___Tidak
-Kecelakaan mobil atau motor	___Ya	___Tidak
-Menjadi korban kekerasan (secara fisik dianiaya orang lain)	___Ya	___Tidak
-Ditangkap atau terlibat masalah hukum	___Ya	___Tidak
-Kehilangan pekerjaan atau kondisi finansial memburuk	___Ya	___Tidak
-Bercerai, berpisah, atau putus dengan pasangan/pacar	___Ya	___Tidak
-Di rawat di rumah sakit	___Ya	___Tidak
-Mengunjungi layanan kesehatan mental karena memiliki masalah psikologis	___Ya	___Tidak
-Mengonsumsi obat untuk masalah psikologis	___Ya	___Tidak
-Kehilangan orang terdekat karena meninggal dunia	___Ya	___Tidak

-Merasa terasingkan, tersesat, atau menjadi penyendiri	___Ya	___Tidak
-Merasa berada di bawah ancaman	___Ya	___Tidak
-Krisis keluarga	___Ya	___Tidak
-Memiliki masalah dalam menjadi bagian dari kelompok	___Ya	___Tidak
-Mengalami masalah identitas	___Ya	___Tidak
-Mengalami perundungan atau *bully*	___Ya	___Tidak
-Menjalani hubungan yang tidak sehat secara psikologis	___Ya	___Tidak
-Gagal mencapai tujuan	___Ya	___Tidak
-Mengalami diskriminasi atau ketidakadilan sosial	___Ya	___Tidak
-Merasa tidak dipentingkan	___Ya	___Tidak
-Lainnya, sebutkan _____	___Ya	___Tidak

Appendix 17: Interview for Adolescent
(English)

(1) How much did you enjoy TF?

(2) What did you learn from TF?

(3) Which ideas/skills from the TF did you find the most useful?

(4) How do you use the ideas that you learn in TF? How often?

(5) Do you have any reservations to recommend other families with drug use problems to participate in TF, and why?

(6) What would be the reasons why other families with drug use problems might be hesitant to participate in TF? *(Probing: stigma, cost, lack of time)*

Note:
Interview with the adolescent will take place about 1 week after the end of the intervention

Appendix 17a: Panduan Wawancara Pasca-Intervensi untuk Remaja

(Bahasa Indonesia)

Wawancara dengan remaja akan dilaksanakan satu minggu setelah program intervensi berakhir.

Wawancara ini akan mencakup beberapa pertanyaan berikut ini:

1. Bagaimana kamu menikmati program TF yang kamu ikuti?

2. Apa yang kamu pelajari dari program TF ini?

3. Ide atau keterampilan apa dari program TF yang paling bermanfaat untukmu?

4. Bagaimana kamu menggunakan ide atau keterampilan yang kamu pelajari dari program TF? Seberapa sering kamu menggunakannya?

5. Apakah kamu keberatan untuk merekomendasikan keluarga lain dengan masalah penggunaan narkoba untuk berpartisipasi pada program TF berikutnya? Mengapa?

6. Kira-kira hal apa yang bisa membuat keluarga lain dengan masalah penggunaan narkoba ragu-ragu mengikuti program TF ini? Apakah alasan tersebut ada hubungannya dengan stigma, biaya, atau tidak punya waktu?

ASSESSMENT TOOLS FOR STUDY 5

These questionnaires (Appendices 18 – 20) are to be completed by a family member before and after the intervention, and at a follow-up period (i.e., approximately 1 month after completing the intervention)

Appendix 18: Family Assessment Device
(English)

Please circle the number (1-4) which best indicates how much you agree or disagree with the statements below concerning your family. Circle only 1 number per question.

Circle the ''1'' if you **Strongly Agree**
Circle the ''2'' if you **Agree**
Circle the "3" if you **Disagree**
Circle the "4" if you **Strongly Disagree**

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
Planning family activities is difficult because we misunderstand each other.	1	2	3	4
In times of crisis we can turn to each other for support.	1	2	3	4
We cannot talk to each other about the sadness we feel.	1	2	3	4
Individuals are accepted for what they are.	1	2	3	4
We avoid discussing our fears and concerns.	1	2	3	4
We can express feelings to each other.	1	2	3	4
There are lots of bad feelings in the family.	1	2	3	4
We feel accepted for what we are.	1	2	3	4
Making decisions is a problem in our family.	1	2	3	4
We are able to make decision about how to solve problems.	1	2	3	4
We do not get along well with each other.	1	2	3	4
We confide in each other.	1	2	3	4
Having harmony is of great importance to us as a family.	1	2	3	4
Elders are respected in our family.	1	2	3	4
It is important for us to keep a good image of our family.	1	2	3	4
We feel shameful about drug use in our family.	1	2	3	4

Appendix 18a: Perangkat Asesmen Keluarga

(Bahasa Indonesia)

Harap lingkari angka (1-4) yang paling menunjukkan seberapa besar Anda setuju atau tidak setuju dengan pernyataan di bawah ini terkait dengan keluarga Anda. Lingkari hanya 1 angka per pertanyaan.

Lingkari angka "1" jika Anda **Sangat Setuju**
Lingkari angka "2" jika Anda **Setuju**
Lingkari angka "3" jika Anda **Tidak Setuju**
Lingkari angka "4" jika Anda **Sangat Tidak Setuju**

	Sangat Setuju 1	Setuju 2	Tidak Setuju 3	Sangat Tidak Setuju 4
Sulit untuk merencanakan kegiatan keluarga karena kami sulit mengerti satu sama lain.	1	2	3	4
Pada saat-saat krisis, kami dapat saling meminta dukungan.	1	2	3	4
Kami tidak bisa berbicara dengan satu sama lain mengenai rasa sedih yang kami rasakan.	1	2	3	4
Setiap anggota keluarga diterima apa adanya.	1	2	3	4
Kami menghindari pembicaraan tentang ketakutan dan kekhawatiran kami.	1	2	3	4
Kami bisa saling mengekspresikan perasaan kami dengan satu sama lain.	1	2	3	4

Ada banyak perasaan tidak enak dalam keluarga kami.	1	2	3	4
Kami merasa diterima apa adanya.	1	2	3	4
Pembuatan keputusan adalah suatu masalah dalam keluarga kami.	1	2	3	4
Kami mampu membuat keputusan untuk memecahkan masalah.	1	2	3	4
Kami tidak akur dengan satu sama lain.	1	2	3	4
Kami mempercayakan rahasia kami kepada satu sama lain.	1	2	3	4
Memiliki keharmonisan di dalam keluarga merupakan hal yang penting bagi kami	1	2	3	4
Orang yang lebih tua dihormati di dalam keluarga kami	1	2	3	4
Penting bagi keluarga kami untuk menjaga kesan atau citra yang baik	1	2	3	4
Kami merasa malu dengan penggunaan narkoba di keluarga kami	1	2	3	4

Appendix 19: Parent version of the Strengths and Difficulties Questionnaire
(English)

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

	Not True	**Somewhat True**	**Certainly True**
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children (treats, toys, pencils etc.)			
Often has temper tantrums or hot tempers			
Rather solitary, tends to play alone			
Generally obedient, usually does what adults request			
Many worries, often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, down-hearted or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other children			
Often volunteers to help others (parents, teachers, other children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets on better with adults than with other children			
Many fears, easily scared			
Sees tasks through to the end, good attention span			

Appendix 19a: Parent version of Strength and Difficulties Questionnaire
(Bahasa Indonesia)

*Untuk setiap pernyataan, tolong katakan kepada saya apakah pernyataan di bawah ini Tidak Benar, Agak Benar, atau Benar. Akan sangat membantu saya apabila kamu mau menjawab pernyataan sebaik mungkin meskipun Anda tidak yakin kebenarannya. Berikan jawaban Anda menurut perilaku anak Bapak/Ibu selama **1 bulan terakhir**.*

No	Pernyataan	Tidak Benar	Agak Benar	Benar
1	Dapat memperdulikan perasaan orang lain	Tidak Benar □	Agak Benar □	Benar □
2	Gelisah, terlalu aktif, tidak dapat diam untuk waktu lama	Tidak Benar □	Agak Benar □	Benar □
3	Sering mengeluh sakit kepala, sakit perut, atau sakit-sakit lainnya	Tidak Benar □	Agak Benar □	Benar □
4	Kalau mempunyai mainan, kesenangan, atau pensil, anak bersedia berbagi dengan anak-anak lain	Tidak Benar □	Agak Benar □	Benar □
5	Sering sulit mengendalikan kemarahan	Tidak Benar □	Agak Benar □	Benar □
6	Cenderung menyendiri, lebih suka bermain seorang diri	Tidak Benar □	Agak Benar □	Benar □
7	Umumnya bertingkah laku baik, biasanya melakukan apa yang disuruh oleh orang dewasa	Tidak Benar □	Agak Benar □	Benar □
8	Banyak kekhawatiran atau sering tampak khawatir	Tidak Benar □	Agak Benar □	Benar □
9	Suka menolong jika seseorang terluka, kecewa, atau merasa sakit	Tidak Benar □	Agak Benar □	Benar □
10	Terus menerus bergerak dengan resah atau menggeliat-geliat	Tidak Benar □	Agak Benar □	Benar □
11	Mempunyai satu orang teman baik atau lebih	Tidak Benar □	Agak Benar □	Benar □
12	Sering berkelahi dengan anak-anak lain atau mengintimidasi mereka	Tidak Benar □	Agak Benar □	Benar □
13	Sering merasa tidak bahagia, sedih atau menangis	Tidak Benar □	Agak Benar □	Benar □

No	Pernyataan	Tidak Benar	Agak Benar	Benar
14	Pada umumnya disukai oleh anak-anak lain	Tidak Benar □	Agak Benar □	Benar □
15	Mudah teralih perhatiannya, tidak dapat berkonsentrasi	Tidak Benar □	Agak Benar □	Benar □
16	Gugup atau sulit berpisah dengan orang tua/pengasuhnya pada situasi baru, mudah kehilangan rasa percaya diri	Tidak Benar □	Agak Benar □	Benar □
17	Bersikap baik terhadap anak-anak yang lebih muda	Tidak Benar □	Agak Benar □	Benar □
18	Sering berbohong atau berbuat curang	Tidak Benar □	Agak Benar □	Benar □
19	Diganggu, dipermainkan, di-intimidasi atau diancam oleh anak-anak atau remaja lainnya	Tidak Benar □	Agak Benar □	Benar □
20	Sering menawarkan diri untuk membantu orang lain (orang tua, guru, anak-anak lain)	Tidak Benar □	Agak Benar □	Benar □
21	Sebelum melakukan sesuatu, ia berpikir dahulu tentang akibatnya	Tidak Benar □	Agak Benar □	Benar □
22	Mencuri dari rumah, sekolah, atau tempat lain	Tidak Benar □	Agak Benar □	Benar □
23	Lebih mudah berteman dengan orang dewasa daripada dengan anak-anak lain	Tidak Benar □	Agak Benar □	Benar □
24	Banyak yang ditakuti, mudah menjadi takut	Tidak Benar □	Agak Benar □	Benar □
25	Memiliki perhatian yang baik terhadap apapun, mampu menyelesaikan tugas atau pekerjaan rumah sampai selesai	Tidak Benar □	Agak Benar □	Benar □

Appendix 20: General Health Questionnaire
(English)

How have you been feeling, in general, over the past week?

Have you recently?

1	**Been able to concentrate on what you're doing?**	Better than usual □	Same as usual □	Less than usual □	Much less than usual □
2	**Lost much sleep over worry?**	Not at all □	No more than usual □	Rather more than usual □	Much more than usual □
3	**Felt you were playing a useful part in things?**	More so than usual □	Same as usual □	Less than usual □	Much less than usual □
4	**Felt capable of making decisions about things?**	More so than usual □	Same as usual □	Less than usual □	Much less than usual □
5	**Felt constantly unders strain?**	Not at all □	No more than usual □	Rather more than usual □	Much more than usual □
6	**Felt you couldn't overcome your difficulties?**	Not at all □	No more than usual □	Rather more than usual □	Much more than usual □
7	**Been able to enjoy your normal day-to-day activities?**	More so than usual □	Same as usual □	Less than usual □	Much less than usual □
8	**Been able to face up to your problems?**	More so than usual □	Same as usual □	Less than usual □	Much less than usual □
9	**Been feeling unhappy and depressed?**	Not at all □	No more than usual □	Rather more than usual □	Much more than usual □

10	**Been losing confidence in yourself?**	Not at all □	No more than usual □	Rather more than usual □	Much more than usual □
11	**Been thinking of yourself as a worthless person?**	Not at all □	No more than usual □	Rather more than usual □	Much more than usual □
12	**Been feeling reasonably happy, all things considered?**	More so than usual □	About same as usual □	Less so than usual □	Much less than usual □

Appendix 20a: Kuesioner Kesehatan Umum
(Bahasa Indonesia)

*Bagian ini ditujukan untuk mengetahui kondisi kesehatan Anda selama **1 minggu terakhir**. Tolong beri tanda V pada jawaban yang paling sesuai dengan kondisi anda. Mohon hanya mengisi jawaban sesuai kondisi Anda akhir-akhir ini dan **BUKAN** kondisi Anda di masa lalu. Mohon semua pertanyaan dijawab.*

Apakah akhir-akhir ini Bapak/Ibu mengalami keadaan-keadaan berikut ini?

1	**Bisa berkonsentrasi pada apapun yang saya kerjakan**	Lebih baik dari biasanya □	Sama seperti biasanya □	Kurang dari biasanya □	Sangat kurang dari biasanya □
2	**Susah tidur karena khawatir**	Sama sekali tidak □	Tidak lebih dari biasanya □	Agak lebih dari biasanya □	Sangat lebih dari biasanya □
3	**Saya merasa memiliki peran dalam banyak hal**	Lebih berperan dari biasanya □	Sama seperti biasanya □	Kurang berperan dari biasanya □	Sangat kurang berperan □
4	**Merasa mampu membuat keputusan dalam banyak hal**	Lebih mampu dari biasanya □	Sama seperti biasanya □	Kurang mampu dari biasanya □	Sangat kurang mampu □
5	**Saya terus menerus merasa tertekan**	Sama sekali tidak □	Tidak lebih dari biasanya □	Agak lebih dari biasanya □	Sangat lebih dari biasanya □
6	**Merasa tidak mampu mengatasi berbagai kesulitan**	Sama sekali tidak □	Tidak lebih dari biasanya □	Agak lebih dari biasanya □	Sangat lebih dari biasanya □
7	**Menikmati kegiatan sehari-hari**	Lebih dari biasanya □	Sama seperti biasanya □	Kurang begitu mampu dari biasanya □	Sangat kurang dari biasanya □
8	**Mampu menghadapi masalah yang ada**	Lebih mampu dari biasanya □	Sama seperti biasanya □	Kurang mampu dari biasanya □	Sangat kurang mampu □

9	**Merasa tidak bahagia dan tertekan**	Sama sekali tidak □	Tidak lebih dari biasanya □	Agak lebih dari biasanya □	Sangat lebih dari biasanya □
10	**Merasa kehilangan kepercayaan diri**	Sama sekali tidak □	Tidak lebih dari biasanya □	Agak lebih dari biasanya □	Sangat lebih dari biasanya □
11	**Terpikir bahwa saya orang yang tidak berguna**	Sama sekali tidak □	Tidak lebih dari biasanya □	Agak lebih dari biasanya □	Sangat lebih dari biasanya □
12	**Merasa bahagia dengan segala hal yang ada**	Lebih bahagia dari biasanya □	Kira-kira sama seperti biasanya □	Kurang dari biasanya □	Sangat kurang dari biasanya □

Appendix 21: Sociodemographic scale for a family member
(English)

Age: ____ years

Gender: ____ Male ____Female

Your employment status: _____

Your occupation: _____

Highest education level: _____

How many children do you have? _____

How many people live in your household? _____

During the last 12 months has the following events occurred to you?

- Got in a lot of arguments or fights.	☐ Yes	☐ No
- Had problems with drugs or alcohol.	☐ Yes	☐ No
- Left home or moved away.	☐ Yes	☐ No
- Important possession stolen.	☐ Yes	☐ No
- Got in car or bike accident.	☐ Yes	☐ No
- Was a victim of violence (was physically harmed by someone).	☐ Yes	☐ No
- Was arrested or got in trouble with the law.	☐ Yes	☐ No
- Lost job or finances got worse.	☐ Yes	☐ No
- Got divorced, separated or broke up with girl/boyfriend.	☐ Yes	☐ No
- Had an illness requiring hospitalization.	☐ Yes	☐ No
- Visited a Mental Health Service for a psychological problem.	☐ Yes	☐ No
- Taken any medication for a psychological problem?	☐ Yes	☐ No
- Drop-out of school/lost of job	☐ Yes	☐ No
- *Loss of significant others*	☐ Yes	☐ No
- *Feeling estrange or lost/being aloner*	☐ Yes	☐ No
- *Felling under threat*	☐ Yes	☐ No

- *Family crisis*	☐ Yes	☐ No
- *Having an "in- or out-group" issues*	☐ Yes	☐ No
- *Identity problems*	☐ Yes	☐ No
- *Being bullied*	☐ Yes	☐ No
- *Toxic relationship*	☐ Yes	☐ No
- *Failing to achieve aspiration*	☐ Yes	☐ No
- *Societal discrimination or injustice*	☐ Yes	☐ No
- Feeling insignificant/put aside/ignored	☐ Yes	☐ No
- *Other (specify)*	☐ Yes	☐ No

Appendix 21a: Skala Sosiodemografis
(Bahasa Indonesia)

Usia: _____ tahun

Jenis Kelamin: ___Laki-laki ___Perempuan

Status Pekerjaan Anda: ___Bekerja ___Tidak bekerja

Pekerjaan Anda: _____

Pendidikan Terakhir: _____

Berapa jumlah anak Anda? _____

Berapa banyak anggota keluarga yang tinggal bersama Anda? _____

Selama 12 bulan terakhir ini, apakah peristiwa berikut ini terjadi pada Anda?

-Terlibat pertengkaran atau perkelahian	___Ya	___Tidak
-Memiliki masalah dengan narkoba atau alkohol	___Ya	___Tidak
-Pergi dari rumah atau pindah tempat tinggal	___Ya	___Tidak
-Kehilangan barang berharga karena dicuri	___Ya	___Tidak
-Kecelakaan mobil atau motor	___Ya	___Tidak
-Menjadi korban kekerasan (secara fisik dianiaya orang lain)	___Ya	___Tidak
-Ditangkap atau terlibat masalah hukum serius	___Ya	___Tidak
-Kehilangan pekerjaan atau kondisi finansial memburuk	___Ya	___Tidak
-Bercerai, berpisah, atau putus dengan pasangan/pacar	___Ya	___Tidak
-Di rawat di rumah sakit	___Ya	___Tidak
-Mengunjungi layanan kesehatan mental karena memiliki masalah psikologis	___Ya	___Tidak
-Mengonsumsi obat untuk masalah psikologis	___Ya	___Tidak
-Kehilangan orang terdekat karena meninggal dunia	___Ya	___Tidak
-Merasa terasingkan, tersesat, atau menjadi penyendiri	___Ya	___Tidak
-Merasa berada di bawah ancaman	___Ya	___Tidak

-Krisis keluarga	___Ya	___Tidak
-Memiliki masalah dalam menjadi bagian dari kelompok	___Ya	___Tidak
-Mengalami masalah identitas	___Ya	___Tidak
-Mengalami perundungan atau *bully*	___Ya	___Tidak
-Menjalani hubungan yang tidak sehat secara psikologis	___Ya	___Tidak
-Gagal mencapai tujuan	___Ya	___Tidak
-Mengalami diskriminasi atau ketidakadilan sosial	___Ya	___Tidak
-Merasa tidak dipentingkan	___Ya	___Tidak
-Lainnya, sebutkan _____	___Ya	___Tidak

Appendix 22: Interview for a family member
(English)

(1) How much did you enjoy TF?

(2) What did you learn from TF?

(3) Which ideas/skills from the TF did you find the most useful?

(4) How do you use the ideas that you learn in TF? How often?

(5) Do you have any reservations to recommend other families with drug use problems to participate in TF, and why?

(6) What would be the reasons why other families with drug use problems might be hesitant to participate in TF? *(Probing: stigma, cost, lack of time)*

Note:

Interview with a family member will take place about 1 week after the end of the intervention

Appendix 22a: Panduan Wawancara Pasca-Intervensi untuk Anggota Keluarga

(Bahasa Indonesia)

Wawancara dengan anggota keluarga akan dilaksanakan satu minggu setelah program intervensi berakhir.

Wawancara ini akan mencakup beberapa pertanyaan berikut ini:

1. Bagaimana Anda menikmati program TF yang Anda ikuti?

2. Apa yang Anda pelajari dari program TF ini?

3. Ide atau keterampilan apa dari program TF yang paling bermanfaat untuk Anda?

4. Bagaimana Anda menggunakan ide atau keterampilan yang Anda pelajari dari program TF? Seberapa sering Anda menggunakannya?

5. Apakah Anda keberatan untuk merekomendasikan keluarga lain dengan masalah penggunaan narkoba untuk berpartisipasi pada program TF berikutnya? Mengapa?

6. Kira-kira hal apa yang bisa membuat keluarga lain dengan masalah penggunaan narkoba ragu-ragu mengikuti program TF ini? Apakah alasan tersebut ada hubungannya dengan stigma, biaya, atau tidak punya waktu?

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